

**BUILDING STANDARDS ADMINISTRATIVE CODE
(Part 1, Title 24, C.C.R.)**

**ADMINISTRATIVE REGULATIONS FOR THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD)**

**CHAPTER 6. SEISMIC EVALUATION PROCEDURES
FOR HOSPITAL BUILDINGS**

Article 1. Definitions and Requirements

1.0 Scope. The regulations in this article shall apply to the administrative procedures necessary to implement the seismic retrofit requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983.

1.1 Application. The regulations shall apply to all general acute care hospital facilities as defined in Section 1.2 of these regulations.

1.2 Definitions. Unless otherwise stated, the words and phrases defined in this section shall have the meaning stated therein throughout Chapter 6, Part 1, Title 24.

Alternate Analysis means a complete seismic analysis using methodology approved in advance by the Office and meeting the criteria of Article 2, Section 2.7 of these regulations.

Bulk Medical Gas System means an assembly of fixed equipment such as storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a capacity of more than 20,000 cubic feet (NTP) of cryogenic medical gas.

Communications System means the assembly of equipment such as telephone switchgear, computers, batteries, radios, microwave communications systems, towers, and antennas that provide essential internal and external communication links.

Conforming Building means a building originally constructed in compliance with the requirements of the 1973 or subsequent edition of the California Building Code.

Critical Care Area means those special care units, intensive care units, coronary care units, angiography laboratories, cardiac catheterization laboratories, delivery rooms, emergency rooms, operating rooms, post-operative recovery rooms and similar areas in which patients are intended to be subjected to invasive procedures and connected to line-operated, electromedical devices.

Emergency Power Supply (EPS) means the source of electric power including all related electrical and mechanical components of the proper size or capacity, or both, required for the generation of the required electrical power at the EPS output terminals. For rotary

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energy converters, components of an EPS include the prime mover, cooling system, generator, excitation system, starting system, control system, fuel system and lube system (if required).

Essential Electrical Systems means a system as defined in the California Electrical Code, Article 517 "Health Care Facilities", Chapter 5, Part 3 of Title 24.

Fire Alarm System means a system or portion of a combination system consisting of components and circuits arranged to monitor and annunciate the status of fire alarm or supervisory signal initiating devices and to initiate appropriate response to those signals.

Functional Contiguous Grouping means a group of hospital buildings, each of which contains the primary source of one or more basic services, that are operationally interconnected in a manner acceptable to the Department of Health Services.

General Acute Care Hospital as used in Chapter 6, Part 1 means a hospital building as defined in Section 129725 of the Health and Safety Code and that is also licensed pursuant to subdivision (a) of Section 1250 of the Health and Safety Code, but does not include these buildings if the beds licensed pursuant to subdivision (a) of Section 1250 of the Health and Safety Code, as of January 1, 1995, comprise 10 percent or less of the total licensed beds of the total physical plant, and does not include facilities owned or operated, or both, by the Department of Corrections. It also precludes hospital buildings that may be licensed under the above mentioned code sections, but provide skilled nursing or acute psychiatric services only.

Hospital Equipment means equipment permanently attached to the building utility services such as surgical, morgue, and recovery room fixtures, radiology equipment, medical gas containers, food service fixtures, essential laboratory equipment, TV supports, etc.

Hybrid Structure means a structure consisting of an original and one or more additions, constructed at different times, and with lateral-force-resisting systems of different types, or constructed with differing materials or a different design approach. The original building and additions are interconnected and not seismically isolated.

Nonconforming Building means any building that is not a conforming building.

Nonstructural Performance Category (NPC) means a measure of the probable seismic performance of building contents and nonstructural systems critical to providing basic services to inpatients and the public following an earthquake, as defined in Article 11, Table 11.1 of these regulations.

Primary Source means that building or portion of a building identified by the hospital as housing the main or principal source of a basic hospital service, serving the greatest number of patients, providing the greatest number of patient beds or having the largest/greatest floor space of the specified basic service. The hospital may submit data to substantiate the primary source through alternative criteria if different than above.

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Principal Horizontal Directions means the two predominant orthogonal translational modes of vibration with the lowest frequency.

Slender Seismic Resisting System means any vertical system for resisting lateral forces, such as walls, braced frames, or moment frames, with a height to width ratio greater than four for the minimum horizontal dimension at any height.

Structural Performance Category (SPC) means a measure of the probable seismic performance of building structural systems and risk to life posed by a building subject to an earthquake, as defined in Article 2, Table 2.5.3 of these regulations.

1.3 Seismic Evaluation. All general acute care hospital owners shall perform a seismic evaluation on each hospital building in accordance with the Seismic Evaluation Procedures as specified in Articles 2 through 11 of these regulations. By January 1, 2001, hospital owners shall submit the results of the seismic evaluation to the Office for review and approval. By completing this seismic evaluation, a hospital facility can determine its respective seismic performance categories for both the Structural Performance Category (SPC) and the Nonstructural Performance Category (NPC) in accordance with Articles 2 and 11 of these regulations.

1.3.1 Seismic Evaluation Submittal. Hospital owners shall submit the seismic evaluation report to the Office by January 1, 2001. There are no provisions for submittal of the evaluation report after this date. The hospital owners shall submit the evaluation report in accordance with Section 7-113, "Application for Plan Report or Seismic Compliance Extension Review" and Section 7-133, "Fees" of Article 3, Chapter 7, Part 1, Title 24.

Exceptions: 1. Any hospital facility owner whose building is exempted from the structural evaluation per Sections 2.01.2 shall not be required to submit a structural evaluation report as specified in Section 1.3.3. In lieu of the structural evaluation report, hospital owners shall submit the matrix of construction information for the specified building(s) as noted in Section 1.3.4.6 to the Office by January 1, 2001;

2. Any hospital facility owner whose building is exempted from the nonstructural seismic evaluation per Section 11.01.2 shall not be required to submit a nonstructural evaluation report as specified in Section 1.3.4. In lieu of the nonstructural evaluation report, hospital owners shall submit the matrix of construction information for the specified building(s) as noted in Section 1.3.4.6 to the Office by January 1, 2001.

1.3.2 Seismic Evaluation Format. The evaluation shall consist of the Structural Evaluation and the Nonstructural Evaluation Reports. The reports shall be prepared in conformance with Part 1, Chapter 7, Title 24 and these regulations and prepared as follows:

1. Reports shall be submitted in an 82- by 11-inch format;

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2. All site, architectural, and engineering plans shall be formatted on 11- by 17-inch sheets (folded to 8½ by 11 inches);

3. Larger sheets, if required to clearly describe the requested information, shall be appended to the reports; and

4. Other supporting documents in addition to those meeting the minimum requirements of sections 1.3.3 and 1.3.4 may be appended to the reports.

1.3.3 Structural Evaluation Report. The structural evaluation report shall include the following elements:

1. A description of the building, including photographs of the building, and sketches of the lateral force resisting system;

2. The “General Sets of Evaluation Statements” from the Appendix;

3. A synopsis of the investigation and supporting calculations that were made;

4. A list of the deficiencies requiring remediation to change statement responses from false to true; and

5. The SPC for the building, with comments on the relative importance of the deficiencies.

1.3.4 Nonstructural Evaluation Report. The nonstructural evaluation report shall include the following elements:

1. A written description of the evaluation methods and procedures conducted in conformance with Article 11 of these regulations for the determination of the facilities existing compliance. The description shall include the systems and components required for the planned level of nonstructural performance as identified in Table 11.1;

Exceptions: 1. Additional evaluations as per Section 11.01.3 will be required for any hospital owner electing to obtain a higher NPC at a future date consistent with an approved compliance plan;

2. A complete nonstructural evaluation up to NPC 5 is required prior to the hospital owner selling or leasing the hospital to another party.

2. Provide single line diagrammatic plans (site plan and floor plans) of the following:

2.1. Location of the following areas/spaces:

(a) Central supply areas;

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- (b) Clinical laboratory service spaces;
- (c) Critical care areas;
- (d) Pharmaceutical service spaces;
- (e) Radiological service spaces, and
- (f) Sterile supply areas.

2.2. Diagrammatic or narrative descriptions of the following major building systems where deficiencies are identified that are within the scope of the evaluation, including primary source location or point(s) of entry into the building and major distribution routes of each utility or system.

- (a) Mechanical Systems including:
 - i. Air supply equipment, piping, controls and ducting;
 - ii. Air exhaust equipment and ducting;
 - iii. Steam and hot water piping systems, including boilers, piping systems, valving and components, and
 - iv. Elevators selected to provide service to patient, surgical, obstetrical and ground floors.
- (b) Plumbing Systems including:
 - i. Domestic water supply system, including heating equipment, valving, storage facilities and piping;
 - ii. Medical gas supply system, including storage facilities, manifold and piping;
 - iii. Fire protection system, including sprinkler systems, wet and dry standpipes, piping systems, and other fire suppression systems; and
 - iv. Sanitary drainage system, including storage facilities and piping.
- (c) Electrical Systems, including:

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- i. Essential Electrical system, including emergency fuel storage;
- ii. Internal communication systems;
- iii. External communication systems;
- iv. Fire alarm systems, and
- v. Elevators selected to provide service to patient, surgical, obstetrical and ground floors.

3. A synopsis of the evaluation and all the calculations used in the course of the evaluation for the planned level of nonstructural performance;

4. A list of the deficiencies identified in the course of the evaluation for the planned level of nonstructural performance;

5. Provide an 11- by 17-inch scaled Site Plan which identifies the boundaries of the facility property, locates all buildings, roadways, parking and other significant site features and improvements. Identify boundaries between buildings which were constructed at different times. For all buildings, note the names of the buildings and date of each related building permit. Provide the SPC and NPC for all buildings.

6. Provide the following matrix of construction information for each building of the facility under the acute care license, include the Structural Performance Category (SPC) and Nonstructural Performance Category (NPC) for all hospital buildings (see Tables 2.5.3 and 11.1). Identify each building addition separately. For buildings constructed, reconstructed or remodeled under a building permit issued by the Office, provide the OSHPD application number and the date of the initial submittal.

Building Name/ Designation	OSHPD (or Local Building) Permit Date/Number	Governing Building Code	Construction Completion Date	Building Type (Per Section 2.2.3)	SPC	NPC

1.4 Compliance Plans. A compliance plan shall be prepared and submitted for each building subject to these regulations. All general acute care hospital owners shall formulate a compliance plan which shall indicate the facilities intent to do any of the following:

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1. Building retrofit for compliance with these regulations for continued acute care operation beyond 2030;
2. Partial retrofit for initial compliance, with closure or replacement expected by 2002, 2008, 2013, or 2030;
3. Removal from acute care service with conversion to non acute care health facility use; or
4. No action, building to be closed, demolished, or replaced.

This plan must clearly indicate the actions to be taken by the facility and must be in accordance with the timeframes set forth in Article 2 (Structural Performance Category – “SPC”) and Article 11 (Nonstructural Performance Category – “NPC”) of the Seismic Evaluation Procedure regulations. All general acute care hospital owners shall comply with the seismic performance categories, both SPCs and NPCs, established in the seismic evaluation procedures, Articles 2 and 11 and set forth in Tables 2.5.3 and 11.1, respectively.

1.4.1 Preparation of the Compliance Plan. The Compliance Plan shall be prepared and submitted in conformance with these regulations in the following format:

1. Compliance Plans shall be submitted in an 8½- by 11-inch format;
2. All site, architectural, and engineering plans shall be formatted on 11- by 17-inch sheets (folded to 8½ by 11 inches);
3. Larger sheets, if required to clearly describe the requested information, shall be appended to the compliance plan; and
4. Other supporting documents in addition to those meeting the minimum requirements of Section 1.4.4 may be appended to the compliance plan.

1.4.2 Compliance Plan Submittal. Hospital owners shall submit the compliance plan to the Office by January 1, 2001 unless the owner requests an extension pursuant to Section 1.4.3. The hospital owners shall submit the compliance plan in accordance with Section 7-113, "Application for Plan or Report Review" and Section 7-133, "Fees" of Article 3, Chapter 7, Part 1, Title 24.

1.4.3 Compliance Plan Submittal Extension. Hospital owners may request an extension from the Office for submission of the compliance plan. Any hospital owner requesting an extension for submittal of the compliance plan shall make such request in writing to the Office up to 180 days prior to, but no later than January 1, 2001. The compliance plan must be submitted no later than January 1, 2002. All hospital owners requesting an extension for submittal of the compliance plan shall certify to OSHPD that all hospital buildings continuing acute care operation beyond January 1, 2002 meet the standards of NPC 2 by January 1, 2002.

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1.4.4 Compliance Plan Requirements. Each compliance plan shall contain the following elements:

1. An Existing Site/Campus Description;
2. A Compliance Plan Description;
3. A Compliance Site Plan;
4. A Compliance Plan Schedule; and
5. An Existing and Planned Buildings Matrix.

1.4.4.1 Existing Site/Campus Description. If the compliance plan is submitted separately from the seismic evaluation, it will be necessary to resubmit the information as specified in Section 1.3.4.5, of the Nonstructural Evaluation Report.

1.4.4.2 Compliance Plan Description. Provide a comprehensive narrative description of the Compliance Plan, including the projected schedule for compliance.

1.4.4.3 Compliance Site Plan. Provide Compliance Site Plans, indicating the configuration of the facility at the 2008 and 2030 milestones. The plans shall indicate conforming and nonconforming buildings and identify the final configuration of the facility at each milestone, after completion of compliance measures.

1.4.4.4 Compliance Plan Schedule. Provide a bar graph schedule which describes the schedule for compliance with the SPC and NPC seismic performance categories, indicating the schedule of the following major phases of the plan:

1. Obtain a geotechnical report (if necessary);
2. Architecture and engineering design/construction document preparation;
3. Local approvals;
4. Office review, approval and permitting;
5. Approval of Department of Health Services Licensing and Certification, and any other required licensing;
6. Permanent relocation of acute care services to other buildings or facilities (identify services affected);

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7. Temporary/interim relocation of acute care services to other buildings including the duration of the approved program flexibility plan pursuant to Health and Safety Code Section 1276.05;

8. Construction period; and

9. Beneficial occupancy.

1.4.4.5 Existing and Planned Buildings Matrix. Provide the following matrix of construction information for each building of the facility under the acute care license, include the Structural Performance Category (SPC) and Nonstructural Performance Category (NPC) for all hospital buildings (see Tables 2.5.3 and 11.1). Identify each building addition separately.

Building Name/ Designation	Building Type (Per Section 2.2.3)	SPC Existing	SPC Planned	NPC Existing	NPC Planned

1.4.5 Compliance Plan Update/Change Notification. Should a hospital owner change an approved Compliance Plan, the hospital shall document any changes and submit for review and approval to the Office an amended Compliance Plan. Changes are defined as alterations to the planned level of seismic performance or compliance schedule. Submittal of an amended compliance plan shall require a hospital owner to comply with one or more of the following provisions, if applicable:

1. A hospital owner shall submit to the Department of Health Services' Seismic Safety Unit (DHS) an Office-approved compliance plan that includes interim relocation of general acute care services in accordance with a program flexibility plan pursuant to Health and Safety Code Section 1276.05. This submittal by the hospital owner to DHS shall occur within 30 days of the Office's approval.

2. A hospital owner shall comply with the requirements of Section 1.5.2, "Delay in Compliance" for any amended compliance plan.

3. A hospital owner amending a compliance plan to attain a higher NPC level will perform a nonstructural evaluation of the systems and components required for the planned level of nonstructural performance identified in Table 11.1, "Nonstructural Performance Categories".

1.4.5.1 Change in Seismic Performance Category. The SPC or NPC for a hospital building may be changed by the Office from the initial determination in Sections 1.3.3 or 1.3.4 provided

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the building has been modified to comply with the requirements of Chapter 16B, Part 2 of Title 24 for the specified SPC or NPC.

1.4.5.1.1 – The SPC or NPC for a hospital building may be changed by the Office from the initial determination made per Sections 2.0.1.2.3 or 11.0.1.2.1 upon the following:

1. A Seismic Evaluation Report shall be submitted and approved which shall include either or both of the following:

- 1.1 A structural evaluation report in accordance with Section 1.3.3;

- 1.2 A nonstructural evaluation report in accordance with Section 1.3.4.

Exception: To change an NPC 1 hospital building to an NPC 2 under this section, the nonstructural evaluation may be limited in scope to the systems and equipment specified in Section 11.2.1.

2. The building has been modified to comply with the requirements of Chapter 16B, Part 2 of Title 24 for the specified SPC or NPC.

1.4.5.1.2 Except as provided in Section 1.4.5.1.3, a nonconforming hospital building that does not meet the structural and nonstructural requirements of Table 2.5.3 and Table 11-1 shall not provide acute care services or beds after the compliance deadlines set forth in Section 1.5.1. After these deadlines, the following shall apply.-

1. A nonconforming hospital building used as a hospital outpatient clinical services building shall not be classified as a hospital building. It shall comply with the provisions of Health and Safety Code Section 129725. It shall not be subject to the requirements of Title 24, Part 1, Chapter 6.

2. A nonconforming hospital building used as an acute psychiatric hospital or multi-story skilled nursing facility or intermediate care facility shall be classified as a hospital building. However, it shall not be subject to the requirements of Title 24, Part 1, Chapter 6.

3. A nonconforming hospital building used as a single-story wood frame or light steel frame skilled nursing facility or intermediate care facility shall not be classified as a hospital building, and shall not be subject to the requirements of Title 24, Part 1, Chapter 6.

4. A nonconforming hospital building used for purposes other than those listed above shall not be classified as a hospital building; shall not be licensed pursuant to Health and Safety Code Section 1250(a); shall not be subject to the requirements of Title 24, Part 1, Chapter 6; and shall not be under the jurisdiction of the Office.

1.4.5.1.3 A hospital building from which acute care services and beds have been removed shall not provide such services unless it has been modified to comply with the requirements of SPC 5

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and NPC 4 or 5. Prior to use for acute care service, the SPC and/or NPC of the hospital building shall be changed in accordance with Section 1.4.5.1.1.

1.5 Compliance Requirements All general acute care hospital owners shall comply with the seismic performance categories, both SPCs and NPCs, established in the seismic evaluation procedures, Articles 2 and 11 and set forth in Tables 2.5.3 and 11.1 respectively.

1.5.1 – Compliance Deadlines

1. After January 1, 2002, any general acute care hospital building which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 2 as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

2. After January 1, 2008, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 2 as defined in Article 2, Table 2.5.3 or shall no longer provide acute care services.

Exception: A general acute care hospital may request a delay of SPC 2 requirements if the conditions of Section 1.5.2 are met.

3. After January 1, 2008, any general acute care hospital which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 3 as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

Exception: A general acute care hospital may request an exemption from the anchorage and bracing requirements of NPC 3 if all the conditions of Section 1.5.2, Item 2 are met.

4. January 1, 2030, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 3, 4, or 5 as in Article 2, Table 2.5.3 and the nonstructural requirements of NPC 5 as defined in Article 11, Table 11.1. or shall no longer provide acute care services.

1.5.2 Delay in Compliance

1. The Office may grant the hospital owner an extension to the January 1, 2008 seismic compliance deadline for both structural and nonstructural requirements if compliance will result in diminished health care capacity which cannot be provided by other general acute care hospitals within a reasonable proximity.

1.1 Hospital owners requesting an extension in accordance with Section 1.5.2 must submit an application form to the Office by January 1, 2007. The application form shall be accompanied by a statement explaining why the hospital is seeking the extension to the January 1, 2008 seismic compliance deadline. The statement shall include, at a minimum, the following information:

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- (a) The length/duration of the extension request;
 - (b) The hospital buildings requiring an extension; and
 - (c) The acute care services that will be completely or partially unavailable if the extension is denied.
- 1.2 The hospital owner shall request an extension for seismic compliance in one year increments, up to a maximum of five (5) years, beyond the mandated year of compliance. The hospital owner shall also submit an amended compliance plan and schedule in accordance with Section 1.4.5 indicating when compliance will be obtained.
2. Any general acute care hospital located in Seismic Zone 3, as defined by Section 1627A.2 of the 1995 *California Building Code* may request an exemption from the anchorage and bracing requirements of NPC 3 if all the following conditions are met:
- 2.1 The hospital must meet the anchorage and bracing requirements for NPC 2 by January 1, 2002;
 - 2.2 The hospital shall submit a site-specific engineering geologic report, prepared in accordance with Section 1634 A.1 of the 1995 *California Building Code*. The report shall include estimates of the effective peak ground acceleration (EPA) with a 10 percent probability of exceedance in 50 years;
 - 2.3 The California Division of Mines and Geology (CDMG) reviews and approves the findings of the site-specific engineering geologic report;
 - 2.4 The site-specific engineering geologic report demonstrates that the estimated EPA with a 10% probability of exceedance in 50 years is less than 0.25 g.
 - 2.5 The hospital owner requesting the exemption shall pay the actual costs of OSHPD and CDMG for the review and approval of the site-specific engineering geologic report.
3. Any SPC-1 building which is part of the functional contiguous grouping of a general acute care hospital may receive a five-year extension to the January 1, 2008 deadline for both structural and nonstructural requirements under the following conditions:
- 3.1 The owner must apply for an extension with the Office no later than January 1, 2004;
 - 3.2 The owner must submit an amended compliance plan to the Office by July 1, 2004;

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3.3 The buildings must have met the NPC-2 nonstructural requirements by January 1, 2002;

3.4 At least one building within the contiguous grouping shall have obtained a building permit prior to 1973 and shall have been evaluated and classified as SPC-1 in accordance with Section 1.3;

Exception: Hospital buildings that were classified as SPC-1 under Section 2.0.1.2.3 must submit a structural evaluation report in accordance with Sections 1.3.2 and 1.3.3 by January 1, 2004.

3.5 The basic service(s) from this building shall be:

(a) Relocated to an SPC-3, 4, or 5/NPC-4 or 5 building by January 1, 2013.

i. The building shall not be used for general acute care service after January 1, 2013 unless it has been retrofit to an SPC-5/NPC 4 or 5 building; or

(b) Continued in building if it is retrofitted to an SPC-5/NPC-4 or 5 building by January 1, 2013;

3.6 Any other SPC-1 building in the contiguous grouping other than the building identified in subsection 1.5.2.3.4 must be retrofitted to at least an SPC-2/NPC-3 by January 1, 2013 or no longer used for acute care hospital inpatient services.

4. A post 1973 building classified as SPC-3 or 4 may receive an extension to the January 1, 2008 deadline for both the structural and nonstructural requirements provided it will be closed to general acute care inpatient service by January 1, 2013. The basic services in this building shall be relocated to an SPC-5/NPC-4 or 5 building by January 1, 2013;

4.1 Any SPC-1 building in a functional contiguous grouping must be retrofitted to at least an SPC-2/NPC-3 by January 1, 2013 or no longer used for acute care hospital inpatient services. The following conditions apply to these hospital buildings:

(a) The owner must apply for an extension with the Office no later than January 1, 2004;

(b) The owner must submit an amended compliance plan to the Office by July 1, 2004; and

(c) The buildings must have met the NPC-2 nonstructural requirements by January 1, 2002.

5. A single building containing all of the basic services may receive a five-year extension to the January 1, 2008 deadline for both structural and nonstructural requirements under the following conditions:

- 5.1 The owner must apply for an extension with the Office no later than January 1, 2004;
- 5.2 The owner must submit an amended compliance plan to the Office by July 1, 2004;
- 5.3 The building shall have obtained a building permit prior to 1973 and shall have been evaluated and classified as SPC-1 in accordance with Section 1.3;

Exception: Hospital buildings that were classified as SPC-1 under Section 2.0.1.2.3 must submit a structural evaluation report in accordance with Sections 1.3.2 and 1.3.3 by January 1, 2004.

5.4 The basic services from this building shall be:

- (a) Relocated to an SPC-3, 4 or 5/NPC-4 or 5 building by January 1, 2013.
 - i. The building shall not be used for general acute care service after January 1, 2013 unless it has been retrofitted to an SPC-5/NPC-4 or 5 building; or
- (b) Continued in building if it is retrofitted to an SPC-5/NPC-4 or 5 building by January 1, 2013.

1.6 Dispute Resolution/Appeals Process. Dispute resolution and appeals shall be in conformance with Article 5, Chapter 7, Part 1 of Title 24.

1.7 Notification from OSHPD.

1. The Office shall issue written notices of compliance to all hospital owners that have attained the minimum required SPC and NPC performance levels by January 1, 2008, January 1, 2013 and January 1, 2030;

2. The Office shall issue written notices of violation to all hospital owners that are not in compliance with the minimum SPC and NPC performance levels by January 1, 2008, January 1, 2013 and January 1, 2030; and

3. The Office shall notify the State Department of Health Services of the hospital owners which have received a written notice of violation for failure to comply with these regulations.

For Articles 2 through 11 and Appendix – General Sets of Evaluation Statements, refer to Facilities Development Division’s (FDD) web site at www.oshpd.ca.gov

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CHAPTER 7. SAFETY STANDARDS FOR HEALTH FACILITIES

Article 1. General

7-101. Scope.

The regulations in this part shall apply to the administrative procedures necessary to implement the Alfred E. Alquist Act of 1983 and to comply with State Building Standards Law.

Section 129680, Health and Safety Code, authorizes the OSHPD to enforce and amend the California Building Standards Code for the safety of hospitals, skilled nursing facilities and intermediate care facilities.

Unless otherwise stated, all references to sections of statute are sections found in the Health and Safety Code.

7-103. Jurisdiction.

The following are within the jurisdiction of Office of Statewide Health Planning and Development:

(a) For development of regulations in the California Building Standards Code and enforcement thereof.

1. Hospital buildings as defined by 129725, Health and Safety Code. Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

2. Skilled nursing facilities as specified in paragraphs (2) and (3) of subdivision (b) of Section 129725, Health and Safety Code.

3. Intermediate care facilities as specified in paragraphs (2) and (3) of subdivision (b) of Section 129725, Health and Safety Code.

(b) For development of regulations in the California Building Standards Code.

1. Clinics, as defined by Section 1200 and 129725 (b) (1), Health and Safety Code, are under the jurisdiction of the local building official for enforcement, except as otherwise specified in Article 21, Section 7-2104 (d) of this chapter.

EXCEPTION: When licensed under an acute care hospital and serving more than 25 percent inpatients pursuant to Sections 129725 (b) (1) and 129730, Health and Safety Code, the Office shall retain jurisdiction for enforcement.

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2. Correctional Treatment Centers, as defined by Section 129725 (b) 6, 7 (A) or 7 (B), Health and Safety Code, operated by or to be operated by a law enforcement agency of a city, county or a city and county are under the jurisdiction of the local enforcing agency for enforcement.

Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

(c) For hospital buildings, skilled nursing facilities and intermediate care facilities, the Office shall also enforce the regulations of the California Building Standards Code as adopted by the Office of the State Fire Marshal and the Division of the State Architect/Access Compliance Section, for fire and life safety and accessibility compliance for persons with disabilities, respectively.

Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

7-105. Authority. (Deleted)

7-107. Interpretation.

No regulation shall be construed to deprive the Office of its right to exercise the powers conferred upon it by law, or to limit the Office in such enforcement as is necessary to secure safety of construction, as required by Division 107, Chapter 7 (commencing with Section 129675), Health and Safety Code.

7-109. Application of Regulations.

(a) Except as otherwise provided, these regulations and all applicable parts of the California Building Standards Code shall be the basis for design, plan review and observation of construction of hospital buildings, skilled nursing facilities and intermediate care facilities.

(b) Deleted.

(c) Additions, structural repairs or alterations to existing health facilities shall be made in accordance with the provisions of Part 2, Title 24, California Code of Regulations, California Building Standards Code.

(d) Before any health facility not previously licensed under Section 1250 of the Health and Safety Code can be licensed and used as a health facility, the applicant shall provide substantiating documentation from a structural engineer that the building is in full conformance with the requirements of the California Building Standards Code for new buildings; if not, the

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building shall be reconstructed to conform to the requirements of the California Building Standards Code.

(e) Routine maintenance and repairs shall not require prior approval by the Office but shall be performed in compliance with the applicable provisions of the California Building Standards Code.

Article 2. Definitions

Unless otherwise stated, the words and phrases defined in this article shall have the meaning stated therein throughout Chapter 7, Part 1, Title 24.

7-111. Definitions.

"Addition" means any work which increases the floor or roof area or the volume of enclosed space of an existing building and is dependent on the structural elements of that facility for vertical or lateral support.

"Alteration" means any change in an existing building which does not increase and may decrease the floor or roof area or the volume of enclosed space.

"Approved plans and specifications" means all plans, specifications, addenda, change orders and deferred approvals which have the written approval of the Office. The stamp of the Office shall not be construed to mean the written approval of plans required by Section 7-113.

"Architect" means a person who is certified and holds a valid license under Chapter 3 (commencing with Section 5500), Division 3, the Business and Professions Code.

"Assignment" means the project scope of services, expected results, completion time and the monetary limitation for the services.

"Associated structural alterations" means any change affecting existing structural elements or requiring new structural elements for vertical or lateral support of an otherwise nonstructural alteration.

"Candidate" means an applicant who is accepted by the Office as eligible to participate in a Hospital Inspector Certification Examination pursuant to the qualification criteria described in these regulations.

"Civil engineer" means an engineer holding a valid license under Chapter 7 (commencing with Section 6700), Division 3, the Business and Professions Code.

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"Construction" means any construction, reconstruction or alteration of, or addition or repair to any health facility.

"Deferred approvals" means those portions of the construction that cannot be fully detailed on the approved plans because of variations in product design and manufacture.

"Director" means the Director of the Office of Statewide Health Planning and Development or the Director's designee authorized to act in his or her behalf.

"Engineering geologist" means a person who is validly certified under Chapter 12.5 (commencing with Section 7800), Division 3, the Business and Professions Code, in that branch of engineering which is applicable.

"Firm" includes any qualified corporation, legal entity, architect or engineer.

"Health facility" as used in this part and all applicable parts of the California Building Standards Code means any health facility licensed pursuant to Section 1250 of the Health and Safety Code under the jurisdiction of the Office.

(a) Hospital building includes:

1. **"Hospital building"** as used in this part and other applicable parts of the California Building Standards Code means any building used for a health facility of a type required to be licensed pursuant to Section 1250 of the Health and Safety Code.

2. Except as provided in paragraph (7) of subdivision (b), hospital building includes a correctional treatment center, as defined in subdivision (j) of Section 1250, the construction of which was completed on or after March 7, 1973.

(b) "Hospital building" does not include any of the following:

1. Any building in which outpatient clinical services of a health facility licensed pursuant to Section 1250 are provided that is separated from a building in which hospital services are provided. If any one or more outpatient clinical services in the building provide services to inpatients, the building shall not be included as a "hospital building" if those services provided to inpatients represent no more than 25 percent of the total outpatient visits provided at the building. Hospitals shall maintain on an ongoing basis, data on the patients receiving services in these buildings, including the number of patients seen, categorized by their inpatient or outpatient status. Hospitals shall submit this data annually to the State Department of Health Services.

2. Any building used, or designed to be used, for a skilled nursing facility or intermediate care facility, if the building is of single-story, wood-frame or light steel frame construction.

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3. Any building of single-story, wood-frame or light steel frame construction in which only skilled nursing or intermediate care services are provided if the building is separated from a building housing other patients of the health facility receiving higher levels of care.

4. Any freestanding structures of a chemical dependency recovery hospital exempted under the provisions of subdivision (c) of Section 1275.2.

5. Any building licensed to be used as an intermediate care facility/developmentally disabled habilitative with six beds or less and any intermediate care facility/developmentally disabled habilitative of seven to 15 beds that is a single-story, wood-frame or light steel frame building.

6. Any building subject to licensure as a correctional treatment center, as defined in subdivision (j) of Section 1250, the construction which was completed prior to March 7, 1973.

7. A. Any building that meets the definition of a correctional treatment center pursuant to subdivision (j) of Section 1250, for which the final design documents were completed or the construction of which was begun prior to January 1, 1994, operated by or to be operated by the Department of Corrections, the Department of the Youth Authority, or by a law enforcement agency of a city, county, or a city and county.

B. In the case of reconstruction, alteration, or addition to, the facilities identified in this paragraph, and paragraph (6) or any other building subject to licensure as a general acute care hospital, acute psychiatric hospital, correctional treatment center, or nursing facility, as defined in subdivisions (a), (b), (j) and (k) of Section 1250, operated or to be operated by the Department of Corrections, the Department of the Youth Authority, or by a law enforcement agency of city, a county, or city and county, only the reconstruction, alteration, or addition, itself, and not the building as a whole, nor any other aspect thereof, shall be required to comply with this chapter or the regulations adopted pursuant thereto.

"Hospital Building Safety Board" means the Board which shall advise the Director and, notwithstanding Health and Safety Code Section 13142.6 and except as provided in Section 18945, shall act as a board of appeals in all matters relating to the administration and enforcement of building standards relating to the design, construction, alteration, and seismic safety of hospital building projects submitted to the Office pursuant to this chapter.

Further, notwithstanding Section 13142.6, the Board shall act as the board of appeals in matters relating to all fire and panic safety regulations and alternate means of protection determinations for hospital building projects submitted to the Office pursuant to this chapter.

The Board shall consist of 16 members appointed by the Director of the Office. Of the appointive members, two shall be structural engineers, two shall be architects, one shall be an engineering geologist, one shall be a geotechnical engineer, one shall be a mechanical engineer, one shall be an electrical engineer, one shall be a hospital facilities manager, one shall be a local building official, one shall be a general contractor, one shall be a fire and panic

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safety representative, one shall be a hospital inspector of record and three shall be members of the general public.

There shall be six ex officio members of the Board, who shall be the Director of the Office, the State Fire Marshal, the State Geologist, the Executive Director of the California Building Standards Commission, the State Director of Health Services, and the Deputy Director of the Facilities Development Division in the Office, or their officially designated representatives.

"Hospital Inspector" means an individual who has passed the OSHPD certification examination and possesses a valid Hospital Inspector Certificate (or Construction Inspector for Health Facilities Certificate) issued by the Office.

"Hospital Inspector of Record" means an individual who is:

(a) An OSHPD certified Hospital Inspector, pursuant to the provisions of these regulations and

(b) Employed by the hospital governing board or authority and

(c) Approved by the architect and/or engineer in responsible charge and the Office as being satisfactory to inspect a specified construction project.

"License" means the basic document issued by the Department of Health Services permitting the operation of a health facility under the provisions of Title 22, California Code of Regulations, Division 5.

"Local government entity" means a building department of a city, city and county, or county.

"Maximum probable earthquake" means the maximum probable earthquake-induced ground motion having a 10 percent probability of being exceeded in 50 years.

"Minority, women and disabled veteran business enterprise," shall have the respective meanings set forth in Section 10115.1 of the Public Contract Code.

"Nonrequired structural alteration" means any alteration of existing structural elements or provision of new structural elements which is not necessary for vertical or lateral support of other work and is initiated by the applicant primarily for the purpose of increasing the vertical or lateral load carrying strength or stiffness of an existing building.

"Nonstructural alteration" means any alteration which neither affects existing structural elements nor requires new structural elements for vertical or lateral support and which does not increase the lateral force in any story by more than five percent.

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"Office" means the Facilities Development Division within the Office of Statewide Health Planning and Development.

"Reconstruction" means the rebuilding of any "existing building" to bring it into full compliance with these regulations and all applicable parts of the California Building Standards Code.

"Site data" means reports of investigation into geology, earthquake ground motion and geotechnical aspects of the site of a health facility construction project.

"Small business" means a firm that complies with the provisions of Government Code Section 14837.

"Structural elements" means floor or roof diaphragms, decking, joists, slabs, beams or girders; columns; bearing walls; retaining walls; masonry or concrete nonbearing walls exceeding one story in height; foundations; shear walls or other lateral force resisting members; and any other elements necessary to the vertical and lateral strength or stability of either the building as a whole or any of its parts including connections between such elements.

"Structural engineer" means a person who is validly certified to use the title structural engineer under Chapter 7 (commencing with Section 6700), Division 3, the Business and Professions Code.

"Structural repairs" means any change affecting existing or requiring new structural elements primarily intended to correct the effects of deterioration or impending or actual failure, regardless of cause.

"Upper bound earthquake" means the ground motion having a 10 percent probability of being exceeded in a 100-year period or maximum level of motion which may be expected at the building site within the known geological framework.

Article 3. Approval of Plans and Specifications

7-113. Application for Plan, Report or Seismic Compliance Extension Review.

(a) Except as otherwise provided in this part, before commencing construction or alteration of any health facility, the governing board or authority thereof shall submit an application for plan review to the Office, and shall obtain the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given.

1. The application shall contain a definite identifying name for the health facility, the name of the architect or engineer of record who is in general responsible charge of the work, the names of the architects or registered engineers responsible for the preparation of portions of

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the work, the estimated cost of the project and all such other information required for completion of the application. Refer to Section 7-131 regarding incremental design, bidding and construction.

2. Submission of documents to the Office may be in three consecutive stages:

A. Geotechnical Review: One application for plan review and when applicable, three copies of the site data must be attached.

B. Preliminary Review: One copy of reports or preliminary plans and outline specifications. Two copies of preliminary plans and outline specifications must be submitted if additions, structural alterations or new buildings are included. Plan/drawings size shall not exceed 36" x 48" inches and bundled sets of plans/drawings shall not exceed 40 lbs. in weight.

C. Final Review: One copy of final plans and specifications or reports. Two copies must be submitted if additions, structural alterations or new buildings are included. Plan/drawings size shall not exceed 36" x 48" inches and bundled sets of plans/drawings shall not exceed 40 lbs. in weight.

(b) Application for seismic compliance extension requires submission of OSHPD Application Form #OSH-FD-384, "Application for 2008 Extension/Delay in Compliance". The submittal must comply with the applicable requirements of Chapter 6, Article 1, Section 1.5.2 "Delay in Compliance".

(c) For every project there shall be an architect or engineer of record in general responsible charge of reviewing and coordinating all submittals, except as set forth in Section 7-115(c).

1. A project may be divided into parts, provided that each part is clearly defined by a building or similar distinct unit. The part, so defined, shall include all portions and utility systems or facilities necessary to the complete functioning of that part. Separate assignments of architect or engineer of record may be made for the parts.

(d) The assignment of architect or engineer of record, and the responsibility for the preparation of plans and specifications and the administration of the work of construction for portions of the work shall be clearly designated on the application for approval of reports or plans and specifications.

7-115. Preparation of Plans and Specifications and Reports.

(a) All plans and specifications or reports, except as provided in (c) below, shall be prepared under the general responsible charge of an architect or engineer of record. Prior to submittal to the office, the architect or engineer of record for a project shall sign every sheet of the drawings, and the title sheet, cover sheet or signature sheet of specifications and reports. A

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notation may be provided on the drawings indicating the architect's or engineer's role in preparing and reviewing the documents. Plans/drawings submitted to the office shall not exceed the size and weight described in Section 7-113 (a) (2).

1. Except as provided in paragraph 2 below, the architect or engineer of record in general responsible charge of the work shall be an architect or structural engineer.

2. For the purposes of this section, a mechanical, electrical or civil engineer may be the engineer of record in general responsible charge of alteration or repair projects that do not affect architectural or structural conditions, and where the work is predominately of the kind normally performed by mechanical, electrical or civil engineers.

3. Preparation of plans and specifications and administration of the work of construction for designated portions of the work may be performed by other architects and/or engineers as provided in (b) below. Preparation of portions of the work by others shall not be construed as relieving the architect or engineer of record of his rights, duties and responsibilities under Section 129805 of the Health and Safety Code.

(b) Architects or engineers registered in the appropriate branch of engineering may be responsible for the preparation of plans and specifications and administration of the work of construction as permitted by their license or registration, and as provided below. Architects and engineers shall sign and affix their professional stamp to all drawings, specifications or reports that are prepared under their responsible charge. All plans shall be signed and stamped prior to issuance of a building permit.

1. The structural plans and specifications or reports shall be prepared under the responsible charge of a structural engineer.

2. A mechanical or electrical engineer may prepare plans, specifications or reports for projects where the work is predominately of the kind normally prepared by mechanical or electrical engineers.

3. A civil engineer may prepare plans specifications or reports for the anchorage and bracing of nonstructural equipment.

(c) A licensed specialty contractor may prepare plans and specifications and may administer the work of construction for health facility construction projects, subject to the following conditions:

1. The work is performed and supervised by the licensed specialty contractor who prepares the plans and specifications,

2. The work is not ordinarily within the standard practice of architecture and engineering,

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3. The project is not a component of a project prepared pursuant to 7-115 (a) and (b).
4. The contractor responsible for the design and installation shall also be the person responsible for the filing of reports, pursuant to Section 7-151, and
5. The work is limited to one of the following types of projects:
 - A. Fire protection systems where none of the fire sprinkler system piping exceeds 2½ inches in diameter.
 - B. Low voltage systems not in excess of 91 volts. These systems include, but are not limited to, telephone, sound, cable television, closed circuit video, nurse call systems and power limited fire alarm systems.
 - C. Roofing contractor performing reroofing where minimum ¼ inch (6.4mm) on 12 inch (305mm) roof slopes are existing and any roof mounted equipment needing remounting does not exceed 400 pounds.
 - D. Insulation and acoustic media not involving the removal or penetration of fire-rated walls, or ceiling and roof assemblies.

7-117. Site Data.

- (a) The site data reports shall be required for all proposed construction except:
 1. As provided in the Part 2, Title 24.
 2. One-story, wood-frame or light steel frame buildings of Type V construction and 4,000 square feet or less in floor area.
 3. Nonstructural alterations.
 4. Structural repairs for other than earthquake damage.
 5. Incidental structural additions or alterations.
- (b) Three copies of site data reports shall be furnished to the Office for review and evaluation prior to the submittal of the project documents for final plan review. Site data reports shall comply with the requirements of these regulations and Part 2, Title 24. Upon the determination that the investigation of the site and the reporting of the findings was adequate for the design of the project, the Office will issue a letter stating the site data reports are acceptable.

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7-121. Preliminary Plans and Outline Specifications.

(a) One copy of the preliminary plans and outline specifications shall be submitted to the Office. Two copies must be submitted if additions, structural alterations or new buildings are included. If applicable, each of the site data reports listed in Section 7-117(a)(1) shall have been submitted previously. The preliminary design documents will be reviewed by the Office for compliance with Title 19 and 24, California Code of Regulations. These documents shall provide the following data:

(b) Architectural, structural or other plans shall include:

1. Plot plan showing roads, fire flow supply and demand calculations, fire hydrants, courses and distances of property lines, existing buildings, proposed buildings, parking areas, sidewalks, topography and any easements of record.

2. Plans of basement, other floors or levels and roof which indicate:

A. The function, occupancy or usage of each room, area or space. Floor plans for addition or alteration projects shall be accompanied by floor plans of the existing buildings showing existing space usages.

B. The size and location of each fixed equipment item as follows:

(1) Fixed building service equipment which includes utility systems and machinery necessary for the effective functioning of the building such as heating, ventilating, air conditioning, elevators and communications.

(2) Other fixed equipment permanently fastened to the building or the ground which are required for the program function of the building.

3. Provisions for meeting the fire and life safety requirements in Titles 19 and 24, either on preliminary plans or in outline specifications. At least the following shall be indicated:

A. Compartment of the buildings.

B. Door swings and corridor widths.

C. Enclosures of stairwells and elevator shafts.

D. Location of fire alarm components, to include fire zones.

E. Extent of fire sprinkler coverage.

4. Assembly ratings as specified by the Underwriter's Laboratories, Inc., or other nationally recognized testing laboratories.

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5. Provisions for making facilities accessible to and usable by persons with disabilities in conformance with the California Building Standards Code, Title 24, California Code of Regulations.

(c) Mechanical plans shall include:

1. Single line layouts of major ducts and piping systems.
2. Location and layout of boiler room or space and major associated equipment and central heating, cooling and ventilating units.
3. Fire dampers, smoke dampers and other fire safety items required by Titles 19 and 24, California Code of Regulations.
4. Riser diagrams for multistory construction.

(d) Electrical plans shall include:

1. Plans showing space assignment.
2. Sizes and outline of fixed equipment, such as transformers, main, switchgear, switchboards and generator sets.
3. Simple riser diagrams for multistory construction showing arrangements of feeders, and branch circuit panels.
4. Simplified single-line diagram(s).
5. Fire detector locations, exit and emergency lights and fire alarms systems required in Titles 19 and 24, California Code of Regulations.

(e) Outline specifications shall include:

1. A general description of the construction, including interior finishes, types and location of acoustical material and special floor coverings.
2. A description of the plumbing, air conditioning, heating and ventilation systems, including controls, ducts and piping for all areas.
3. A general description of electrical services including voltage, number and location of feeders whether overhead or underground. A specific description of items to be served by emergency power and description of design considerations for special areas, such as anesthetizing locations and critical care areas.

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4. All fire and life safety items shown on the preliminary plans. These items shall include the flame spread rating of all applicable materials and finishes and a description of mechanical and electrical devices required for the intended occupancy of the building.

(f) Acceptance of preliminary plans and outline specifications.

Upon completion of the review of the preliminary plans and outline specifications, the Office will return a marked-up set of the plans and specifications or a written report to the applicant indicating any items that need correction or clarification.

At the time the final plans and specifications are submitted to the Office, the marked-up copies of the preliminary plans and specifications shall accompany the other documents being filed.

7-125. Final Review of Plans and Specifications.

(a) One copy of the final plans and specifications and site data reports shall be submitted to the Office.

1. Two copies must be submitted if additions, structural alterations or new buildings are included.

2. The plans and specifications shall include: architectural, mechanical, electrical, structural seismic restraint, and fire and life safety details.

(b) Plans and specifications are to be completely and thoroughly checked by the responsible architect or engineer before submission to the Office. Plans and specifications which are incomplete or incorrect will be returned to the applicant.

1. Where a portion of the construction cannot be fully detailed on the approved plans because of variations in product design and manufacture, the approval of the plans for such portion may be deferred until the material suppliers are selected provided the following conditions are met:

A. The plans clearly indicate that a deferred approval by the Office is required for the indicated portions of the work prior to fabrication and installation.

B. The plans and specifications fully describe the performance and loading criteria for such work.

C. The deferred approval submittals are made in conformance with Section 7-153.

2. Due to the difficulty of anticipating every unsatisfactory condition that might exist in connection with the existing work where alteration or reconstruction work is proposed, the

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following clause or one of similar meaning shall be included in all specifications to which the Office gives approval in connection with either reconstruction or alteration work: "The intent of the plans and specifications is to reconstruct the hospital building in accordance with the California Building Standards Code, Titles 19 and 24, California Code of Regulations. Should any conditions develop not covered by the approved plans and specifications wherein the finished work will not comply with Title 24, California Code of Regulations, a change order detailing and specifying the required work shall be submitted to and approved by the Office before proceeding with the work."

(c) Final plans and specifications, and site data reports, except those items specified in Section 7-117(a), shall be submitted to the Office for review and shall include the following:

1. Site data reports as previously accepted by the Office pursuant to Section 7-117 shall be included with the plans and specifications.

2. Architectural plans shall include, where applicable:

- A. Plot plan.
- B. Floor plans.
- C. Reflected ceiling plans.
- D. Roof plans.
- E. Elevations and sections.
- F. Necessary details.
- G. Schedule of finishes, doors and windows.
- H. Exit system.
- I. Fire and smoke wall locations.
- J. Occupancy separations and indicate different occupancies.
- K. Location and identifying data on major items of movable equipment and fixed hospital equipment; e.g., autoclaves, sterilizers, kitchen equipment, laboratory equipment, X-ray equipment, cabinets and storage racks.
- L. Anchorage of all equipment items shall be detailed.

Exceptions: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

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2. Furniture.
3. Temporary or movable equipment.
4. Equipment weighing less than 20 pounds supported by vibration isolators.
5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

M. Fire extinguishers.

3. Structural plans shall include, where applicable:

- A. Plans of foundations, floors, roofs and any intermediate levels showing a complete design with sizes, sections and relative location of the various members and a schedule of beams, girders and columns. Assumed soil bearing pressures and type of material shall be shown on foundation plans.
- B. Details of all connections, assemblies and expansion joints.
- C. Details of structural framing systems necessary for support and seismic bracing of major nonstructural elements and items of major fixed building equipment and hospital equipment.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

2. Furniture.
3. Temporary or movable equipment.
4. Equipment weighing less than 20 pounds supported by vibration isolators.
5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

- D. Structural plans shall be accompanied by computations, stress diagrams, and other pertinent data and shall be complete to the extent that calculations for individual structural members can be readily interpreted.

The computations shall be prefaced by a statement clearly and concisely outlining the basis for the structural design and indicating the manner in which the proposed hospital building will resist vertical loads and horizontal forces. The computations shall be sufficiently complete to establish definitely that the

structure will resist the loads and forces prescribed by these rules and regulations. Assumed safe bearing pressures on soils and ultimate strengths of concrete shall be given in computations and noted on plans. Where unusual conditions occur, such additional data as are pertinent to the work shall be submitted.

4. Mechanical plans shall include, where applicable:

- A. Radiators and steam-heated equipment, such as sterilizers, autoclaves, warmers and steam tables.
- B. Heating and steam mains, including branches with pipe sizes.
- C. Pumps, tanks, boiler breaching and piping, and boiler room accessories.
- D. Air conditioning systems with refrigeration equipment, water and refrigerant piping, and ducts.
- E. Exhaust and supply ventilating systems showing duct sizes with steam or water connections and piping.
- F. Size and elevation of street sewer, house sewer, house drains, street water main and water service into the building.
- G. Location and size of soil, waste and vent stacks with connections to house drains, fixtures and equipment.
- H. Size and location of hot, cold and circulation water mains, branches and risers from the service entrance, and tanks.
- I. Riser diagram or other acceptable method to show all plumbing stacks with vents, water risers and fixture connections for multistory buildings.
- J. Medical gas and special connections.
- K. Fire extinguishing equipment such as fixed extinguishing systems, sprinklers, and wet and dry standpipes.
- L. Plumbing fixtures and fixtures which require water and drain connections.
- M. Anchorage of all equipment shall be detailed.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

2. Furniture.
3. Temporary or movable equipment.
4. Equipment weighing less than 20 pounds supported by vibration isolators.
5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

5. Electrical plans shall include, where applicable:

- A. Electrical service entrance equipment.
- B. Transformers and their connections, if located in the building or on the site.
- C. Main switchboard, distribution panels, lighting and appliance panels, motor control centers and associated equipment.
- D. Feeder size including conductors, conduit and overcurrent protection.
- E. Lighting and appliance outlets, receptacles, switches and circuitry.
- F. Telephone layout.
- G. Nurses' call system.
- H. Fire alarm systems.
- I. Emergency electrical system, when required.
- J. Switchboard and panel schedules with tabulated loads.
- K. Single-line diagram(s).
- L. Anchorage of all equipment shall be detailed.

EXCEPTIONS: 1. Equipment weighing less than 400 pounds supported directly on the floor or roof.

2. Furniture.
3. Temporary or movable equipment.
4. Equipment weighing less than 20 pounds supported by vibration isolators.

5. Equipment weighing less than 20 pounds suspended from a roof or floor or hung from a wall.

6. Architectural, structural, mechanical and electrical specifications which fully describe, except where fully indicated and described on the plans, the materials, workmanship and the kind, sizes, capacities, finishes and other characteristics of all materials, products, articles and devices.

7. Additions to or alterations and repairs of existing structures which include:

- A. Types of activities within the existing buildings, including distribution.
- B. Type of construction of existing buildings and number of stories.
- C. Plans and details showing attachment of new construction to existing structural, mechanical and electrical systems.

8. A title block or strip on each sheet of the construction document plans shall include the following:

- A. Name and address of the architect or engineer.
- B. Name and address of the project.
- C. Number or letter of each sheet.
- D. Date of preparation of each sheet and the date of revision, if any.
- E. The scale of each plan or detail.

9. The north point of reference and the location or reference dimensions of the building, with respect to the site boundaries and property lines, shown on all plot plans and on all floor plans where applicable.

(d) After the Office has made its check of the submitted documents, the marked-up set of plans and specifications will be returned to the architect or engineer. A set of prints from corrected plans and specifications shall be filed for recheck when the original check indicates that extensive changes are necessary. Where necessary corrections are of minor nature, corrected original plans and specifications may be filed for recheck. Changes in plans and specifications, other than changes necessary for correction, made after submission for approval, shall be brought to the attention of the Office in writing or by submission of revised plans and specifications identifying those changes. Failure to give such notice voids any subsequent approval given to the plans and specifications.

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The Office places its stamp on the original reproducible plans and the master cover sheet of the specifications when they have been corrected to comply with these regulations. This stamp is affixed for identification only and must not be construed as "written approval of plans" required in Section 129810 of the Health Safety Code.

The prints, specifications, computations and other data filed with the application are the property of, and are retained by, the Office.

(e) The architect or engineer shall submit to the Office a set of plans and specifications bearing the identification stamp of the Office. Upon receipt of this set, the Office shall provide written approval of the plans and specifications.

Any changes made to the approved plans or specifications shall be made in accordance with Section 7-153. Any change, erasure, alteration or modification not made in accordance with Section 7-153 of any plan or specification bearing the identification stamp of the Office shall void the approval of the application.

7-129. Time Limitations for Approval.

(a) Final plans and specifications shall be submitted to the Office within one year of the date of the Office's report on preliminary plans and outline specifications or the application shall become void unless an extension has been requested and approved.

(b) The procedures leading to obtaining written approval of final plans and specifications shall be carried to conclusion without suspension or unnecessary delay. The application shall become void when either (1) prints from corrected plans or corrected original plans are not filed for recheck within six months after the date of return of checked plans to the architect or engineer or (2) a set of prints of the stamped plans and specifications are not submitted to the Office within six months after the date shown on the stamp by the Office.

(c) Construction, in accordance with the approved plans and specifications, shall commence within one year after obtaining the written approval of plans and specifications, or this approval shall become void. The Office may require that the plans and specification be revised to meet current regulations before reinstating a voided approval.

(d) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. The Office may reinstate the approval as described in Section 7-129(c) above.

7-131. Incremental Design, Bidding and Construction.

(a) Incremental design, bidding and construction or "fast-tracking" is a process by which construction of a building is commenced prior to completion of the contract documents for the

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total project. The Office will approve this process contingent upon receipt of application for approval of plans and specifications.

(b) Applicants wishing to employ the incremental process shall notify the Office no later than the date of submission of the application cited (a) above. Increments shall be limited to complete phases of construction, such as foundations and basement walls, structural framing, architectural work, mechanical work, or electrical work. The following supplementary information shall accompany the application:

1. Transmittal letter requesting the use of the incremental or fast-track procedure.
2. The site data reports required in Sections 7-117 and 7-125(c).
3. A chart showing the proposed coordination of the design, bidding and construction schedules, including state and local plan review time and the estimated date of occupancy of the project.
4. The preliminary plans and outline specifications required in Section 7-121.

(c) The plans of each construction increment shall be sufficiently definitive of the architectural, structural, mechanical and electrical elements, and the loadings thus summarized, to provide identification of the sources of dead, live and lateral loads for the purposes of review of design. Changes to the work done under previously approved increments shall be required if, upon submission of plans of subsequent increments, the summarized loadings are found to be incorrect or connection details are found to be incompatible.

(d) The plans of each construction increment shall clearly identify the scope of the work to be included in that particular increment. All plans are to be complete and thoroughly checked by the project architect or engineers as to design, detailing, dimensions and coordination with other increments before submission to the Office. The Office will return incomplete documents without review and request that the documents be completed and resubmitted.

(e) Time intervals between construction increments shall not be permitted unless specific, written approval is granted by the Office.

(f) Seventy percent of the fee, based upon the estimated construction cost of the entire facility, as calculated in accordance with Section 7-133, shall be paid to the Office upon the submission of the plans of the first construction increment. The final fee shall be based upon the determination of the final actual construction cost.

(g) After the Office has made its check of the submitted documents and the applicant has corrected the originals accordingly, the stamp of the Office of Statewide Health Planning and Development, shall be placed on the original reproducible plans and the master cover sheet of the specifications. The stamp shall indicate the increment being approved. This incremental approval stamp is affixed for identification only and is not the written approval of plans cited in

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Section 7-125(d). An Office approval letter shall be issued for each increment which clearly identifies the scope of work involved in the increment being approved. The letter for the final increment shall indicate approval of the entire project.

(h) Verified compliance reports shall be submitted in conformance with Section 7-151; addenda and change orders, as per Section 7-153 for each increment. Where all increments are being constructed under a single general contract or under a designated agent responsible for the construction of the entire project, the verified reports may cover the work of more than one increment.

(i) Approval of construction will be issued for each increment being constructed under a separate contract. Where all increments are being constructed under a single general contract or where an owner's agent is responsible for the construction of the entire project, final approval of the construction will be issued upon completion of the entire project.

7-133. Fees.

(a) The fee for plan review and field observation shall be based on the estimated cost of construction as specified below. If the actual construction cost for a hospital or skilled nursing facility project exceeds the estimated construction cost by more than five percent (5%), a further fee shall be paid to the Office, based on the applicable schedule specified in (a) (1) or (2) and computed on the amount by which the actual cost exceeds the estimated cost.

1. The fee for hospital buildings is 1.64 percent of the estimated construction cost;

A. The Office shall charge actual costs for review and approval of seismic evaluations and compliance plans prepared pursuant to Article 8, Chapter 1, Part 7, Division 107, (commencing with Section 130000) of the Health and Safety Code. Total cost paid for these review services shall be nonrefundable and shall be deducted from the fee for a future project involving seismic retrofit or new construction pursuant to the hospital building compliance plan approved by the Office.

2. The fee for skilled nursing and intermediate care facilities, as defined in Subdivision (c), (d), (e) or (g) of Section 1250, Health and Safety Code, is 1.5 percent of the estimated construction cost;

3. The minimum filing fee shall be \$250.00. This filing fee is nonrefundable and shall be applied toward the total fee for plan review and field observation.

(b) The fee for submitting an amended seismic evaluation report or compliance plan is \$250. The fee for review and approval of the amended report or compliance plan shall be subject to Section 7-133 (a)1A. above.

(c) The fee for submitting an application for extension to seismic compliance is \$250.

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7-134. Fee Refund

(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section.

1. The written refund request must be submitted to the Office within:

a. One year of the date that a project is closed,

b. One year of the date the project is withdrawn by the applicant, or

c. One year of the date when an application may become void, based on the requirements of Section 7-129, Time Limitations for Approval.

2. No refund shall be issued before the date the project is closed or withdrawn or the application is voided.

3. If delinquent fees are owed to the Office for any health facility construction project at the subject facility, no refund shall be issued until the delinquent fees are paid.

4. Refunds, pursuant to Section 7-134, shall be exclusive of the \$250 filing fee.

5. Refunds shall be calculated pursuant to Sections 7-134 (b) or (c).

(b) **Refunds for Projects that are Completed.** If the estimated construction cost of a project exceeds the actual construction cost by more than five percent (5%), the excess portion of the fees paid pursuant to Section 7-133 (a) (1) or (2) shall be refunded to the applicant health facility. The refund amount shall be computed based on the amount by which the estimated cost exceeds the actual construction cost.

EXCEPTION: The Office will not issue a refund if the applicant did not complete construction of at least 75% of the square footage included in the original approved plans and specifications for the project, or if the applicant reduces the scope of the project shown on the original approved plans by more than 25%.

(c) **Refunds for Projects that are Withdrawn or Cancelled.** A portion of the fees paid to the Office, pursuant to Section 7-133, may be refunded to the applicant under the following specified circumstances:

1. If the applicant withdraws a project prior to commencement of plan review, the total fee, exclusive of the \$250 filing fee, shall be refunded to the applicant.

2. If the applicant withdraws a project after commencement of plan review and prior to

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commencement of construction, 30% of the fee submitted for that project shall be refunded to the applicant.

3. If the applicant cancels a project after commencement of construction, the Office shall not issue a refund.

4. If a project submitted under an annual permit is withdrawn by the applicant, the \$250 filing fee shall not be refunded by the Office.

5. If fees are paid for a project, that is determined by the Office to be exempt from the plan review process or otherwise not reviewable under the Office's jurisdiction, the total fee, exclusive of the \$250 filing fee, shall be refunded to the applicant.

(d) If the applicant is able to demonstrate extraordinary circumstances, the Director of the Office may authorize refunds in addition to those specified above.

Article 4. Construction

7-135. Time of Beginning Construction.

(a) Construction shall not commence until the health facility has applied for and obtained from the Office:

1. Written approval of the plans and specifications.
2. A building permit.
3. Written approval of the testing, inspection and observation program.

Note: See Infection Control Program provisions of Title 22, Section 70739 (b).

7-137. Notice of Start of Construction.

(a) As soon as a contract has been awarded, the governing board or authority of the health facility shall provide to the Office, on a form provided by the Office, the following:

1. Name and address of the contractor.
2. Contract price.
3. Date on which contract was awarded.
4. Date of construction start.

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7-139. Notice of Suspension of Construction.

(a) When construction is suspended for more than two weeks, the governing board or authority of the hospital shall notify the Office in writing.

(b) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. The Office may reinstate the approval as described in Section 7-129(c).

7-141. Administration of Construction.

(a) The administration of the work of construction shall be under the general responsible charge of an architect or structural engineer. Where neither structural nor architectural elements are substantially involved, a mechanical or electrical engineer registered in the branch of engineering most applicable to the project may be in responsible charge of the administration of the work of construction.

(b) All architects and engineers to whom responsibility has been delegated for preparation of plans and specifications as listed on the application shall observe the work of construction for their portion of the project. They shall consult with the person in general responsible charge in the interpretation of the approved plans and specifications, the preparation of addenda, change orders and deferred approvals, and the selection of inspectors and testing laboratories. By manual signatures they shall indicate their responsibility for and approval of change orders and deferred approvals which affect their portion of the project.

(c) The architect or engineer having general or delegated responsibility may name one or more persons to act as alternate(s) for observation of the work of construction provided such persons are architects or engineers qualified under these regulations to assume the responsibility assigned.

(d) The architect or engineer of record in general responsible charge of the work shall prepare a testing, inspection and observation program which shall be submitted to the Office for approval prior to the issuance of the building permit.

(e) The testing program shall identify materials and tests to be performed on the project. The firm(s) and/or individual(s) to perform each of the required tests shall also be identified. The testing program shall include, at a minimum, those tests required by applicable sections of the California Building Standards Code.

(f) The inspection program shall include a completed application for inspector(s) of record for the project. If a project has more than one inspector of record, the distribution of responsibilities for the work shall be clearly identified for each inspector of record. The

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inspection program shall also identify all special inspections to be performed on the project and the individual(s) to perform the inspections. The special inspections shall include, at a minimum, those special inspections required by applicable sections of the California Building Standards Code.

(g) The observation program shall identify each professional that must, through personal knowledge as defined in Section 7-151, verify that the work is in compliance with the approved plans and specifications. The contractor or owner/builder and the inspector(s) of record shall verify that the work is in compliance with the approved plans and specifications in accordance with the requirements for personal knowledge as it applies to each participant or discipline. The program shall give specific intervals or project milestones at which such observation is to occur for each affected participant or discipline. Each required observation shall be documented by a compliance verification report prepared by each participant or discipline and submitted to the office.

(h) The tests, inspection and observation program shall include samples of test and inspection reports and provide time limits for the submission of reports.

(i) All completed test, inspection and observation reports shall be submitted to the Office.

7-143. Responsibility of the Contractor.

(a) The contractor shall complete the work in accordance with the approved plans and specifications. The contractor shall not be relieved of any responsibility by the activities of the architect, engineer, inspector or the Office in the performance of their duties.

(b) The contractor shall submit verified compliance reports to the Office in accordance with Section 7-151.

(c) Where no general contractor is involved, the governing body or authority of a health facility shall designate an agent who shall be responsible for the construction of the project in accordance with the approved contract documents and such agent shall submit the verified reports to the Office.

7-144. Inspection.

(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more inspectors satisfactory to the architect or structural engineer or both, in responsible charge of the work, or the engineer in responsible charge of the work and the Office.

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(b) When the hospital governing board or authority proposes more than one inspector for a construction project, a lead inspector may be identified to coordinate construction inspection and communication with the Office. If identified, the lead inspector shall be certified in a class appropriate to the scope of the project.

(c) Inspector(s) for a hospital construction project shall be approved by the Office in accordance with the provisions of Section 7-212. If an inspector on a project is not competently or adequately performing inspection or has violated a provision of these regulations, as determined by the Office, the provisions of Sections 7-213 and, if necessary, Section 7-214 shall be applicable.

7-145. Continuous Inspection of the Work.

(a) The general duties of the inspector shall be as follows:

1. The inspector shall have personal knowledge, obtained by continuous inspection of all parts of the work of construction in all stages of its progress to ensure that the work is in accordance with the approved plans and specifications.

2. Continuous inspection means complete inspection of every part of the work. Work, such as concrete or masonry work which can be inspected only as it is placed or assembled, shall require the constant presence of the inspector. Other types of work which can be completely inspected after the work is installed may be carried on while the inspector is not present. In no case shall the inspector have or assume any duties which will prevent continuous inspection.

3. The inspector shall work under the direction of the architect or engineer. All inconsistencies or seeming errors in the approved plans and specifications shall be reported promptly to the architect or engineer for interpretation and instructions. In no case, however, shall the instructions of the architect or engineer be construed to cause work to be done which is not in conformity with the approved plans and specifications.

4. The inspector shall maintain a file of approved plans and specifications on the job at all times including all reports of tests and inspections required by the plans and specifications and shall immediately return any unapproved documents to the architect or engineer for proper action. The inspector shall also maintain on the job at all times, all codes and regulations referred to in the approved plans and specifications.

5. The inspector shall notify the Office:

A. When the work is started or resumed on the project.

B. At least 48 hours in advance of the time when foundation trenches will be complete, ready for footing forms.

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- C. At least 48 hours in advance of the first pour of concrete.
 - D. When work has been suspended for a period of more than two weeks.
6. The inspector shall maintain a record of certain phases of construction procedure as follows:
- A. The record shall include the time and date of placing concrete; time and date of removal of forms and shoring in each portion of the structure; location of defective concrete; and time, date and method of correction of defects.
 - B. The record shall include identification marks of welders, lists of defective welds, and manner of correction of defects and other related events.
 - C. The record shall include a list of test reports of all nonconforming materials or defective workmanship and shall indicate the corrective actions taken.
 - D. When driven piles are used for foundations, the record shall include the location, length and penetration under the last ten blows for each pile. It shall also include a description of the characteristics of the pile driving equipment.
 - E. All records of construction procedure shall be retained on the job until the completion of the work. See Section 7-155.
- (b) The inspector shall notify the contractor, in writing, of any deviations from the approved plans and specifications or new construction not in compliance with California Building Standards Code, which have not been immediately corrected by the contractor. Copies of such notice shall be forwarded immediately to the architect, engineer, owner and to the Office.

7-147. Observation by the Office.

(a) During the construction, of any health facility, the Office shall make such observation as in its judgment is necessary or proper for the enforcement of these regulations and all applicable parts of the California Building Standards Code.

Whenever the Office finds a violation of these regulations and/or applicable parts of the California Building Standards Code that requires correction, the citation of the violation shall be issued to the hospital governing board or authority in writing and shall include a proper reference to the regulation or statute being violated.

7-149. Tests.

(a) Pursuant to Section 7-141, the architect or engineer in charge shall establish and administer the testing program. Where job conditions warrant, the architect or engineer may waive certain specified tests contingent upon the approval of the Office. The Office shall be notified as to the disposition of materials noted on laboratory reports. One copy of all test reports shall be forwarded to the Office by the testing agency. The reports shall state definitely whether the material tested complies with the approved contract documents.

(b) The governing board or authority of a health facility shall select a qualified person or testing laboratory as the testing agency to conduct the tests. The selected person or testing laboratory must be approved by the architect or engineer. The governing board or authority shall pay for all tests.

7-151. Verified Compliance Reports.

(a) In accordance with Section 7-151(e), or when required by the Office, the architect(s), engineer(s), inspector(s) of record, special inspector(s) and contractor or owner/builder shall each submit to the Office a verified compliance report, with their original signature and based on their own personal knowledge, as defined by this Section. The report shall:

1. Verify that the work during the period, or a portion of the work, covered by the report has been performed and materials used and installed are in accordance with the approved plans and specifications.

2. Set forth detailed statements of fact as are required by the Office.

(b) The term "personal knowledge," as used in this section and as applied to the licensed architect or engineer or both, means personal knowledge that is obtained by periodic visits to the project site, of reasonable frequency, for the purpose of general observation of the work. It also includes knowledge that is obtained from the reporting of others as to the progress of the work, testing of materials, and inspection and supervision of the work that is performed between the periodic visits of the architect or the engineer. Reasonable diligence shall be exercised in obtaining the facts.

(c) The term "personal knowledge," as applied to the inspector, means the actual personal knowledge that is obtained from the inspector's personal continuous inspection of the work of construction, in all stages of its progress at the site where the inspector is responsible for inspection. Where work is carried out away from the site, personal knowledge is obtained from the reporting of others on the testing or inspection of materials and workmanship, for compliance with plans, specifications, or applicable standards. Reasonable diligence shall be exercised in obtaining the facts.

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(d) The term "personal knowledge," as applied to the contractor, means the personal knowledge that is obtained from the construction of the building. Reasonable diligence is required to obtain the facts.

(e) Verified compliance reports shall be submitted to the Office at the intervals or stages of the work as stated in the approved testing, inspection and observation program. In no case, shall the submittal of verified compliance reports be less than:

1. One copy prepared and signed by each required participant or discipline at the completion of the work.

2. One copy prepared and signed by any participant or discipline at any time a special verified compliance report is required by the Office.

(f). The architect or engineer in general responsible charge of the work shall be responsible for ensuring all required verified compliance reports are submitted to the Office.

7-152 Supplantation of an Architect, Engineer or Inspector of Record, Special Inspector or Contractor.

(a) When supplanting any of the listed individuals the following shall be submitted to the Office:

(1) Prior to plan approval

(A) Revised application(s) listing the new responsible individual(s).

(2) Following plan approval

(A) Revised application(s) listing the new responsible individual(s)

(B) An initial report, prepared by the supplanting individual(s), based on field observation(s) that the work performed and materials used and installed to date are in accordance with the project's approved plans and specifications. Any observed issues of non-conformance shall be listed in the report. The supplanting individual(s) shall be responsible for verification of project compliance, pursuant to Section 7-151, for the remainder of the project.

(C) A final verified report from the supplanted individual(s).

EXCEPTION to C: In the event that the supplanted individual refuses to or cannot provide a final verified report, the owner shall submit a letter to the Office, verifying that the work performed and materials used and installed are in accordance with the project's approved plans and specifications. The letter shall also list the reason the verified report could not be obtained.

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7-153. Addenda, Change Orders, and Deferred Approvals.

(a) Work shall be executed in accordance with the approved plans and specifications. Changes in the approved plans and specifications shall be made by addenda or change orders approved by the Office.

(b) Changes or alterations of the approved plans and specifications prior to awarding a construction contract, or similar instrument of agreement for the work involved, shall be made by means of addenda. Addenda shall be signed by the architect or engineer responsible for the preparation of the plans and specifications and shall be submitted for approval by the Office. Two copies of the approved addenda shall be furnished to the Office.

(c) Changes or alterations of the approved plans and specifications after a contract or similar instrument of agreement has been awarded shall be made by means of change orders.

1. Change orders shall state the reason for the change, show the related addition to or deduction from the current contract price and shall be accompanied by supplementary plans, when necessary.

2. All change orders shall be signed by the applicant and the architect or engineer generally responsible for the work of construction and approved by the Office prior to installation of the work except:

- A. Emergency changes to the work relating to the safety of persons at the construction site may be made immediately. Such emergency changes shall be documented by subsequent change orders and may require modification to comply with these regulations.
- B. To prevent undue delay, changes may be commenced following preliminary approval of an instruction bulletin by the Office. Such changes shall be confirmed immediately by change order.

(d) Submittal documents for deferred submittal items shall be submitted to the architect or engineer to whom responsibility has been delegated for preparation of plans and specifications, as listed on the application, for review prior to submittal to the Office.

1. The architect or engineer to whom responsibility has been delegated for preparation of plans and specifications, as listed on the application, shall review and forward submittal documents for deferred submittal items to the Office with a notation indicating that the deferred submittal documents have been reviewed and that they have been found to be in general conformance with the design of the project.

2. The deferred submittal items shall not be installed until their design and submittal documents have been approved by the Office.

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7-155. Final Approval of the Work.

(a) The Office shall schedule a final state agency inspection of the work subsequent to the receipt of the responsible architect's or engineer's statement that the contract is performed or substantially performed.

(b) The final approval of the construction shall be issued by the Office when:

1. All work has been completed in accordance with the approved plans and specifications.

2. The required verified compliance reports and test and inspection reports have been filed with the Office.

3. All remaining fees have been paid to the Office.

(c) Final approval shall be confirmed by a letter sent to the Department of Health Services with a copy to the applicant. The letter shall state that the work has been constructed in accordance with the California Building Standards Code, Title 24, California Code of Regulations.

(d) Upon completion of the project, all copies of construction procedure records as required by Section 7-145(a)6 shall be transmitted to the Office.

7-156. Certification of Correctional Treatment Centers.

(a) Plans and specifications prepared by or under the supervision of the Department of Corrections or on behalf of the Department of the Youth Authority for the new construction, reconstruction, alteration or addition of any hospital building and/or correctional treatment center, as defined Section in 1250, Health and Safety Code, or any building specified in Section 129875, Health and Safety Code shall be certified to the Office by the Department of Corrections or the Department of the Youth Authority. Plans, specifications and construction of these facilities shall be in full compliance with all applicable building standards including, but not limited to, architectural, structural, mechanical, plumbing, electrical, and fire and life safety.

The Department of Corrections and the Department of the Youth Authority shall use a secondary peer review procedure to review the design of new construction, reconstruction, alteration or addition in order to ensure that the plans are in compliance with the building standards of Title 24, Parts 2, 3, 4, 5 and 9. The secondary peer review shall be performed by a California licensed architect, structural engineer, mechanical engineer and electrical engineer, as applicable.

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Upon completion of construction a written certification signed by the Director or designee of the Department of Corrections or Department of the Youth Authority shall be submitted to the Office and shall include:

1. Description of the project scope;
2. Certification that plans, specifications and construction are in full compliance with all applicable building standards of Title 24, Parts 2, 3, 4, 5 and 9;
3. Certification that a secondary peer review has been completed and the peer review indicates that the design for new construction, reconstruction, alteration or addition to the facility adheres to all building standards of Title 24, Parts 2, 3, 4, 5 and 9;
4. Certification that construction inspection was performed by a competent on-site inspector and that all work was completed in accordance with the complying plans and specifications; and
5. Attachments which include the final as-built plans and specifications.

(b) Plans and specifications prepared by or under the supervision of a city, county or city and county law enforcement agency for the new construction, reconstruction, alteration or addition of any hospital building and/or correctional treatment center, as defined in Section 1250, Health and Safety Code, or any building specified in Section 129875, Health and Safety Code shall be certified to the Office by the law enforcement agency. Plans, specifications and construction of these facilities shall be in full compliance with all applicable building standards including, but not limited to, architectural, structural, mechanical, plumbing, electrical and fire and life safety.

Upon completion of construction a written certification signed by the law enforcement agency head or designee shall be submitted to the Office and shall include:

1. Description of the project scope;
2. Certification that plans, specifications and construction are in full compliance with all applicable building standards of Title 24, Parts 2, 3, 4, 5 and 9; and
3. Attachments which include the final as-built plans and specifications.

7-157. Records. (Deleted)

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Article 5. Appeals to the Hospital Building Safety Board

7-159. Appeals.

(a) The Hospital Building Safety Board, except as provided in Section 18945 of the Health and Safety Code, shall act as a board of appeals in all matters relating to the administration and enforcement of building standards relating to the design, construction, alteration, and seismic safety of health facility projects submitted to the Office pursuant to Chapter 1, Division 107, Health and Safety Code.

Further, notwithstanding Section 13142.6 of the Health and Safety Code, the board shall act as the board of appeals in matters relating to all fire and panic safety regulations and alternate means of protection determinations for health facility projects submitted to the Office pursuant to Chapter 1, Division 107, Health and Safety Code.

(b) In the event of disagreement with the rulings, orders, decisions or acts of the Office acting within the scope of Division 107 (commencing with Section 129675) of the Health and Safety Code, an appeal may be made by the current or prospective licensee or their authorized agent, hereafter known as the appellant, of a health facility to the Hospital Building Safety Board. Such appeal shall be considered by the Hospital Building Safety Board only following the failure of an informal conference, held to resolve the appeal in accordance with Section 7-161.

7-161. Informal Conference.

(a) Within six months of a ruling, order, decision or act of the Office acting within the scope of Division 107 (commencing with Section 129675) of the Health and Safety Code, the appellant may issue a written request for an informal conference upon such ruling, order, decision or act to the Office.

(b) Within 15 business days of receipt of a written request for an informal conference, the Office shall give notice of the date, time and place of such conference to review the ruling, order, decision or act being questioned. The informal conference shall be in a convenient place mutually agreeable to the parties. The informal conference shall be held within 25 business days of receipt by the Office of the written request for an informal conference.

(c) The informal conference shall be conducted by an Office representative. Parties to such conference may include the appellant, architects and engineers and other appropriate consultants under contract to the appellant or the appellant's legal counsel.

(d) The purpose of the informal conference shall be to discuss the ruling, order, decision or act of the Office with the intent to resolve the issue.

(e) Within 10 business days following the informal conference, the Office shall notify the

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appellant in writing as to the Office's action on the ruling, order, decision or act. Such action shall be to confirm, modify, or reverse the original ruling, order, decision or act.

7-163. Formal Hearing Request.

(a) If the appellant wishes to continue an appeal after the Office's decision following the informal conference, a formal hearing may be requested of the Hospital Building Safety Board. The appellant shall submit a written request for an appeal to the Hospital Building Safety Board through the Office within 15 business days of receipt of the notice of the result of the informal conference.

(b) The notice of appeal shall be followed within 60 business days by documents supporting the request for a formal hearing before the Hospital Building Safety Board. Such documents shall be submitted to the Office and shall contain specific information regarding the Office's ruling, order, decision or act and the basis for the appeal.

7-165. Formal Hearing.

(a) The Hospital Building Safety Board, or a committee of the Board, appointed by the Chair of the Board, shall act as the hearing body and shall conduct a public hearing on the appeal.

(b) The Chair of the Hospital Building Safety Board shall call a hearing on an appeal. The hearing shall be convened at a location selected by the Chair which, where possible, is reasonably close to the appellant.

(c) The hearing shall be held within 45 business days of the receipt of documents supporting the request for an appeal hearing. Within 20 business days of the Office's receipt of the supporting documentation, the parties to the appeal shall be notified in writing of the time and place of the hearing and the composition of the hearing body.

(d) The Chair of the Hospital Building Safety Board shall develop, and have sent to each member, an agenda listing the matters to be considered and, insofar as practicable, copies of all written reports which are to be presented to the Board. The agenda and written reports shall be provided to the members of the Board at least 10 business days before the date of the hearing.

(e) Whenever notice of an appeal hearing for decision of an appeal is issued by the Hospital Building Safety Board or a committee of the Board, such notice shall be provided to the appellant, the Office and all parties to the action at least 10 business days before the date of the hearing.

(f) If a committee of the Board is appointed to hear the appeal, at least five voting members of the Board shall be appointed to such committee. The Chair of the hearing committee shall be appointed by the Chair of the Hospital Building Safety Board. The appeal shall be heard by at least three of the voting members appointed to an appeal committee. The decision shall bear the endorsement of a simple majority of the committee members present.

(g) If the Board is to hear the appeal, at least nine voting members of the Board shall be present to hear the matter. The decision shall bear the endorsement of a simple majority of the Board members present.

(h) The proceedings shall be recorded by tape recorder. Transcripts shall be made available to anyone making a request therefor upon deposit with the Hospital Building Safety Board of the amount of money which the Board has determined necessary to cover the costs of transcript preparation. In addition to the tape recording of the proceedings, decisions of the Board or a committee of the Board shall be recorded by stenographic recording and shown in the minutes of the meeting. The minutes shall show how each Board or committee member voted on the decision.

(i) The appellant may, at his own expense, arrange for stenographic recording and transcription of the hearings.

7-167. Rights of the Appellant.

(a) The appellant shall have the right to counsel, to submit documentary evidence and exhibits, and to have witnesses appear and testify. These rights shall be executed by the appellant at the appellant's own expense.

(b) The appellant shall have the right to question representatives of the Office and other witnesses presenting testimony or documents in the hearing.

(c) The appellant shall have the right to question potential conflicts of interest of any voting member of the Hospital Building Safety Board or committee of the Board hearing an appeal. The Chair of the hearing will rule on such potential conflict and the ruling shall be entered in the record of the hearing.

7-169. Appeal Hearing Procedure.

(a) An appeal hearing conducted by the Hospital Building Safety Board or a committee of the Board shall not be conducted in accordance with strict rules of evidence or courtroom procedure. During the hearing, the Chair may accept into the record without formal proof any generally accepted technical or scientific matter related to seismic, architectural, structural, mechanical, electrical, fire and life safety of health facilities. Hearsay evidence may be allowed

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for the purpose of supplementing or explaining other evidence, but shall not be sufficient in itself to support the findings.

(b) The Chair of the hearing shall determine the order of witnesses and presentation and introduction of documents, evidence and exhibits into the record of the hearing. The Chair may impose reasonable time limits, rule on admissibility of evidence, maintain decorum in the hearings, call recesses and rule on continuation of the hearings.

(c) The Chair may request counsel from the Office for advice on points of law.

(d) Prior to the closing of the hearing, the Chair shall announce either of the following:

1. The recommended decision of the committee of the Board.
2. The decision of the Board.

7-171. Decision on Appeal.

(a) Decision on an appeal heard by a committee of the Board shall be reached as follows:

1. If all parties agree to the decision recommended by a committee of the Board, the agreement and the names of parties to the appeal shall be entered in the record. The appeal action shall be considered terminated when all parties to the appeal have stipulated to the agreement in writing.

2. If all parties to the appeal do not agree with the decision recommended by a committee, the findings of fact, supporting documents, evidence, exhibits and decision recommended by the committee shall be transmitted to the Hospital Building Safety Board.

3. Within 30 business days after the findings of fact, supporting documents, evidence exhibits and a recommended decision are received, the Board shall hear final arguments from the appellant and render a decision on the appeal. The appellant, the appellant's counsel or the appellant's representatives may not introduce new evidence without approval of the Board.

(b) Decision on an appeal heard by or referred to the Hospital Building Safety Board shall be reached as follows:

1. The Board shall render a decision in public meeting and transmit such decision in writing to each party to the appeal hearing within 15 business days after the close of the hearing.

2. The Board may affirm, reverse or amend the ruling, order, decision or act being appealed or remand the issue for further study.

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3. If the Board remands all or a portion of the issues at appeal for further study, the Board shall specify the issues or matters to be studied, who is to study the issues and completion dates for such further study.

4. Findings and recommendations from further study will be transmitted to all parties to the action prior to the Hospital Building Safety Board's public hearing for decision.

5. Within 30 business days of receipt of the findings and recommendations from further study of the issues, the Hospital Building Safety Board shall convene a public hearing to consider the findings and recommendations and arguments from the appellant or the appellant's representatives. The decision of the Hospital Building Safety Board shall be announced in a public hearing and transmitted in writing to all parties involved within 30 business days of the conclusion of the public hearing.

6. Decisions of the Hospital Building Safety Board shall become effective immediately upon their announcements by the Chair of the Board, unless otherwise specified by the Chair.

(c) Should the appellant determine he or she has been adversely affected by the decision of the Hospital Building Safety Board, the appellant may further appeal the issue for resolution by the California Building Standards Commission, in accordance with Health and Safety Code Section 18945.

Article 6. Contracts

7-191. Contract Qualification Criteria.

(a) Individuals performing services under contracts entered into with the Office pursuant to Health and Safety Code Section 129855 shall meet the following qualifications:

1. Plan reviews shall be performed only by architects or engineers validly certified under Division 3 of the Business and Professions Code as follows:

A. Selection Criteria.

The director shall establish selection criteria which will comprise the basis for the selection of eligible firms or local government entities to independently perform the required architectural and engineering services. The criteria will include such factors as:

(1) Professional experience in performing services of similar nature.

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- (2) Knowledge of applicable codes, regulations and technology associated with the services required.
- (3) Quality and relevance of recently completed or ongoing work.
- (4) Reliability, continuity and proximity of firm or local government entity to the Office.
- (5) Demonstrated competence.
- (6) Staffing capability.
- (7) Education and experience of key personnel to be assigned.
- (8) Current workload and ability to meet review deadlines according to schedule.
- (9) Other technical factors the director deems relevant to the specific service to be performed.

These factors shall be weighed by the director according to the nature of the proposed project or service, the complexity and special requirements of the specific services, and the needs of the Office.

B. Announcement.

- (1) A statewide announcement of specific services sought from firms shall be published in the California State Contracts Register, in accordance with the Government Code (commencing with Section 14825), and whenever possible, in the publications of the respective professional societies. Failure of any professional society to publish the announcement shall not invalidate any contract. Services sought from the local government entities are exempt from advertising in the California State Contracts Register pursuant to standard State of California operating procedures.
- (2) The announcement for each proposed project or service shall include, at a minimum, a brief description of the project or services required, location, duration, submittal requirements, contact person for the Office, and the final response date for receipt of statements from firms of their demonstrated competence and professional qualifications.
- (3) The director shall identify potentially qualified minority, women and disabled veteran business enterprises and small businesses interested in contracting with the Office, and shall provide copies of announcements to those businesses that have indicated an interest in receiving the announcements.

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Failure of the director to send a copy of an announcement to any business shall not invalidate any contract.

C. Selection of Qualified Firms.

- (1) After the expiration of the final response date in the published announcement, the director shall review and evaluate the written responses to the announcement, using the selection criteria contained in Section 7-191(a)1A, and rank, in order of qualifications, the firms determined as eligible to perform the required services.
- (2) The director shall conduct discussions with at least the three most eligible firms, or a lesser number if fewer than three eligible firms have responded, to further expand on those qualifications and experience required to perform the services sought. From the firms with which discussions are held, the director shall select, in order of qualification, not less than three firms, or lesser number if fewer than three eligible firms responded, deemed to be the most highly qualified to perform the required services.

D. Selection of Qualified Local Government Entities.

- (1) For specific services to be performed by local government entities, the director shall solicit, review and evaluate the qualifications of the local government entities using the selection criteria contained in Section 7-191(a)1A.
- (2) The director shall select, in order of qualification, those local government entities deemed to be the most highly qualified to perform the required services.

E. Estimate of Value of Services.

- (1) Before entering into fee negotiations with any firm or local government entity selected pursuant to Section 7-191(a)1C(2) or D, the Office shall prepare an estimate of the value of the proposed services based on accepted billable rates for comparable services.
- (2) At any time the director determines the Office's estimate to be unrealistic, the director shall require the estimate to be reevaluated and, if deemed necessary, modified. If the director modifies an estimate, negotiations will resume with the best qualified firm or local government entity.

F. Fee Negotiation with Firms.

- (1) The director shall ask firms selected pursuant to Section 7-191(a)1C(2) to

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submit a fee schedule of hourly billable rates. The director shall then attempt to negotiate hourly billable rates determined to be fair and reasonable with the firms, beginning with the best qualified and continuing with the remaining firms, in order of qualifications.

- a. The firm negotiating with the director shall be given two opportunities to respond to the Office's request to meet the fair and reasonable estimate for hourly billable rates for the contract services;
 - b. The firm must respond within 7 business days to each request by the Office for a new estimate which either meets or does not exceed by more than 10 percent the Office's fair and reasonable estimate for hourly billable rates; and
 - c. If after the second attempt, the firm is nonresponsive or a satisfactory hourly billable rate cannot be negotiated, the director shall terminate negotiations with that firm.
- (2) After successful negotiations, a retainer contract will be executed with the firm. There may be multiple contracts awarded and each shall specify a contract period and monetary limitation. Work shall commence only upon execution of an assignment. Assignments will be negotiated pursuant to Section 7-191(a)1G.
- (3) For firms selected pursuant to Section 7-191(a)1C(2) to provide services for a specific project where the scope of work is extremely complex or unusual, fee negotiations will proceed in accordance with Section 7-191(a)1G.

G. Services Negotiations with Firms.

- (1) From among the firms selected in Section 7-191(a)1C(2), as most highly qualified to perform services required, the director shall attempt to negotiate a satisfactory assignment or contract with the best qualified firm at a compensation which the Office determines to be fair and reasonable.
- a. The firm negotiating with the director shall be given two opportunities to respond to the Office's request to meet the fair and reasonable estimate for assignment or contract services;
 - b. The firm must respond within 7 business days to each request by the Office for a new estimate which either meets or does not exceed by 10% the Office's fair and reasonable estimate;

c. If after the second attempt, the firm is nonresponsive or a satisfactory rate cannot be negotiated, the director shall terminate negotiations with that firm; and

d. Negotiations with the next best-qualified firm shall commence.

(2) The director shall continue the negotiation process with the remaining qualified firms, if any, in order of qualifications, until a satisfactory assignment or contract is reached. If unable to negotiate a satisfactory assignment or contract with any of the qualified firms, the director shall abandon the negotiation process for the required services.

H. Fee and Services Negotiation with Local Government Entities.

(1) From among the local government entities selected in Section 7-191(a)1D(2), as most highly qualified to perform services required, the director shall attempt to negotiate a satisfactory contract with the best qualified local government entity at a compensation which the Office determines to be fair and reasonable.

(2) If the director is unable to negotiate a satisfactory contract with the best qualified local government entity at a compensation which is determined to be fair and reasonable, negotiations with that local government entity shall be terminated and negotiations undertaken with the second best qualified local government entity. If unable to negotiate a satisfactory contract with the second best qualified local government entity at a compensation which the Office determines is fair and reasonable, negotiations with that local government entity shall be terminated and negotiations undertaken with the third best qualified local government entity. If unable to negotiate a satisfactory contract with the third best qualified local government entity at a compensation which the Office determines is fair and reasonable, negotiations with that local government entity shall be terminated.

The director shall continue the negotiation process with the remaining qualified local government entities, if any, in order of qualifications, until a satisfactory contract is reached. If unable to negotiate a satisfactory contract with any of the qualified local government entities, the Director shall abandon the negotiation process for the required services.

I. Amendments.

When the director determines that a change in the assignment or contract is necessary during the performance of the services, the parties may, by mutual consent, in writing, agree to modifications, additions or deletions in the general

terms, conditions and specifications for the services involved, with an appropriate adjustment in the firm's or local government entity's compensation, if necessary.

J. Contracting in Phases.

When the director determines it is necessary or desirable for a project to be performed in separate phases, increments, or stages due to a change in design or scope of work, the director may negotiate compensation for the initial phase, increment or stage of the services required; provided, however, the director first determines that the firm selected is best qualified to perform the entire project. The assignment shall include a provision that the Office may, at its option, utilize the firm to perform other phases, increments or stages of the services under terms which the Office determines to be fair and reasonable, to be later negotiated and included in a mutual written agreement. In the event that the Office exercises its option under the contract to utilize the firm to perform other phases, increments or stages of the project, the procedures of this article regarding estimates of value of services and negotiation shall be followed.

K. Statewide Participation Goals.

In the negotiation of a satisfactory contract as provided in Section 7-191(a)1F and G, qualified firm(s) must meet the statewide participation goals for minority, women and disabled veteran business enterprises or demonstrate that a good faith effort was made to meet them. The best qualified firm shall comply with the statewide participation goals or demonstrate a good faith effort as required by the regulations contained in Title 2, California Code of Regulations, Sections 1896.61-1896.67 and 1896.90-1896.96.

L. Emergency.

When the director makes a finding that the public health, safety or welfare would be adversely affected in a significant way because insufficient time exists within which to implement the foregoing procedure to secure necessary services, the director may negotiate a contract for such services without the necessity of following such procedure, or any part thereof.

M. Unlawful Considerations.

Each contract shall include a provision by which the firm or local government entity warrants that the contract was not obtained or secured through rebates, kickbacks or other unlawful considerations either promised or paid to any Office employee. Failure to adhere to this warranty may be cause for contract termination and recovery of damages under the rights and remedies due the Office under the default provision of the contract.

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N. Prohibited Relationships.

No Office employee who participates in the evaluation or selection process leading to award of a contract shall have a relationship with any of the firms or local government entity seeking that contract, if that relationship is subject to the prohibition of Government Code Section 87100.

Article 7. Testing and Inspection

Testing and inspection requirements are found in the California Building Standards Code.

Article 8. California Building Standards

Architectural, mechanical, electrical, structural, and fire and life safety and accessibility standards are found in the California Building Standards Code.

Article 19. Certification and Approval of Hospital Inspectors

7-200. Administration of Hospital Inspector Examination and Certification.

(a) The Office shall test and certify inspectors in one or more of the following classes:

1. Class "A" Hospital Inspector may inspect all areas of construction, including: architectural, mechanical, plumbing, electrical, fire and life safety, and structural elements.
2. Class "B" Hospital Inspector may inspect only the following areas of construction: architectural, mechanical, plumbing, electrical, fire and life safety, and anchorage of non-structural elements.
3. Class "C" Hospital Inspector may inspect one or more areas of construction specialty, including but not limited to the areas listed in Section 7-204(c)1, but may not inspect the complete scope of construction authorized for "A" or "B" inspectors

(b) In order to be certified in and perform the scope of responsibilities of a hospital inspector as specified in paragraph (a) (1), (2) or (3), an individual must be successful in the examination for that classification.

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7-201. Location of Office.

All correspondence, applications and remittances related to the certification or recertification of Hospital Inspector shall be directed to: Office of Statewide Health Planning and Development, Facilities Development Division, 1600 Ninth Street, Room 420, Sacramento, CA 95814.

7-202. Filing Change of Name, Address or Telephone Number.

An applicant for the certification examination or a Hospital Inspector possessing a valid certificate issued by the Office, shall file name, mailing address or telephone number changes with the Office in Sacramento within 10 working days of that change. The information filed shall include both the new and former name, mailing address, or telephone number.

7-203. Applying for the Certification Examination.

(a) An applicant may apply for the Hospital Inspector Certification Exam by submitting to the Office the following items prior to the final filing date announced for a scheduled exam:

1. A completed original application provided by the Office, shall be submitted to the Office in Sacramento and shall include the exam title, preferred examination location, applicant's name, mailing address and telephone number.
2. Certificates, or transcripts indicating educational courses completed by the applicant which relate to the minimum qualifying requirements stated in Section 7-204.
3. Work verification form or letter from current and/or previous employer(s) regarding any job which meets the minimum qualifications for the certification examination and which includes the applicant's name, dates of employment, job description and employer's signature.
4. An "Application Review Fee" in the amount specified on a certification examination announcement for a scheduled exam and pursuant to Section 7-206.
5. Citizenship/Qualified-Alien verification form, "Statement of Citizenship, Alienage, and Immigration Status for State Public Benefits", provided by the Office as stipulated in Section 7-216(e)1.

(b) Incomplete submittals may be rejected by the Office. The application, documents and fees will be returned to the applicant with a statement of reason for nonacceptance.

(c) Upon review, verification and evaluation of the applicant's qualifications, the Office will notify the applicant, in writing, of eligibility or ineligibility for entrance to the requested certification examination.

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7-204. Minimum Qualification for Examination.

An applicant must meet the following criteria to be eligible to participate in the certification examination for a Class "A", "B", or "C" Hospital Inspector:

(a) Minimum Qualifications for Class "A" Hospital Inspector Exam:

1. High school graduation or the equivalent and six years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection or inspection supervision [NOTE: Experience in subsection (a)1 may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or

2. Possess a valid California registration/license as a mechanical, electrical, or civil engineer and two years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's, or general contractor's representative in technical inspection or inspection supervision; or

3. High school graduation or the equivalent and two years of working experience as a Class "B" Hospital Inspector; or

4. Possess a valid California registration/license as a structural engineer or a valid California license as an architect.

(b) Minimum Qualifications for Class "B" Hospital Inspector Exam:

1. High school graduation or the equivalent and four years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection or inspection supervision. [NOTE: Experience in subsection (b)1 may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or

2. Possess a valid California registration/license as a civil engineer and two years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractors' representative in technical inspection or inspection supervision; or

3. Possess a valid California registration/license as a structural, mechanical or electrical engineer, or a valid California license as an architect.

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(c) Minimum Qualifications for Class "C" Hospital Inspector Exam:

1. High school graduation or the equivalent and four years experience involving building projects as the representative in testing, inspection or observation of construction for an architect, engineer, owner, local building official, local fire authority, testing lab, specialty contractor or general contractor, and possess a valid certificate issued by:

Fire Alarm – NICET, Level III

Fire Extinguishing Systems – NICET, Level III

Fire Resistive Construction – ICC Building Inspector Certification

Medical Gas Systems – PIPE Certification

Plumbing – IAPMO Certification

Mechanical – IAPMO Certification

Electrical – ICC Certification

Concrete (Prestressed and Reinforced) – ICC Certification

Masonry – ICC Certification

Steel – ICC Structural Steel Certification

Welding – AWS Certification

Framing and Drywall – ICC Building Inspector Certification

Roofing – National Roofing Contractors Association

Anchorage/Bracing of Nonstructural Components – Certification to be administered by the Office

Architectural – Certification to be administered by the Office

In addition to these certification organizations listed, the Office may accept the equivalent certification by a state- or nationally-recognized organization. [NOTE: Experience in subsection (c)(1) may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.]; or

2. Possess a valid California registration/license as an engineer and two years experience involving building projects as an architect's, engineer's, owner's, local building official's, local fire authority's, specialty contractor's or general contractor's representative in testing, inspection or observation of construction and must possess at least one valid certificate issued by an organization that is listed or described in (c) (1) above; or

3. Possess a valid California registration/license as a structural, mechanical, or electrical engineer, or a valid California license as an architect and must possess at least one valid certificate issued by an organization that is listed or described in (c) (1) above.

(d) Verification of Citizenship or Qualified Alien Status. (moved to Section 7-216)

7-205. Transition Plan for Hospital Inspectors (deleted)

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7-206. Fees.

(a) Fees required pursuant to subsection (b), shall be transmitted by credit card, money order, cashier check, certified check or personal check, and payable to the Office of Statewide Health Planning and Development.

(b) The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant to recover reasonable costs of administering the certification program. Fees shall be charged as follows:

Application review	\$ 100.00 (nonrefundable)
Exam for Class "A" Inspector Certification	\$300.00
Exam for Class "B" Inspector Certification	300.00
Exam for Class "C" Inspector Certification	\$100.00 <u>(for each specialty certificate)</u>
Recertification exam.....	100.00
Delinquency fee	100.00
Duplicate certificate	25.00

(c) An application review fee must accompany an application for a certification examination. This fee is nonrefundable. An application for an examination is valid for one year.

(d) An exam fee shall be submitted by an applicant for a specified examination prior to participation in the examination.

(e) An applicant shall forfeit the exam fee if the applicant fails to appear for any portion of the exam for which the applicant is scheduled.

(f) If the Office has a need to reschedule an exam, a qualified applicant who has submitted the exam fee prior to the reschedule will be either reimbursed or credited for the exam fee amount.

7-207. Examination for Certification.

(a) The Office shall administer an exam not less than once in every calendar year in the Sacramento and Los Angeles areas. The certification exam will consist of a written exam.

(b) The scope of the written certification examinations is as follows:

1. The examinations for Class "A" and "B" Hospital Inspectors will measure the applicant's ability to read and understand construction plans and specifications; ability to identify and understand the application of various California Building Standards Code requirements; knowledge of appropriate inspector duties and ability to communicate in writing. The test will be divided into sections covering the following code enforcement areas of construction

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inspection, where applicable: structural, architectural, mechanical, electrical, fire and life safety, and administrative.

2. The examination for Class "C" Hospital Inspectors will measure the applicant's ability to identify and understand the application of various California Building Standards Code requirements; knowledge of appropriate inspector duties and ability to communicate in writing. The candidate's inspection certification, pursuant to Section 7-204(c)(1) above, may be substituted for the technical aspect of the written certification examination for Class "C" Hospital Inspector.

(c) In order to be successful in the Class "A" and "B" certification exam, a candidate must obtain a passing score of at least 75 percent in each section of the written exam.

(d) In order to be successful in the Class "C" certification exam, a candidate must obtain an overall passing score of at least 75 percent.

(e) It is not necessary for a candidate who has passed the administrative section of the Class "A", "B" or "C" certification exam to retake this section if the candidate applies for additional certification(s) within three years of passing the administrative section of the exam.

7-208. Conduct Relative to the Examination.

(a) An applicant who participates in any of the following acts before, during or after the administration of the examination, shall be disqualified by the Office. The applicant shall not:

1. Copy any portion of the exam.
2. Participate in collusion regarding the exam.
3. Disclose the contents of the examination questions to anyone other than a person authorized by the Office.
4. Solicit, accept or compile information regarding the contents of the examination.
5. Falsify documents required for exam entrance.

(b) If an applicant is disqualified from the exam, it shall result in denial of the application and forfeiture of fees submitted to the Office as specified in Section 7-206.

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7-209. Reexamination.

(a) A candidate who has failed an examination may participate in a reexamination no sooner than six months from the exam previously taken by the candidate.

(b) An applicant or candidate who is disqualified from an examination may not participate in an examination or reexamination for a period of one year from the date of disqualification.

(c) The applicant may refile for an examination by submitting an application, documents and fees pursuant to Sections 7-203 and 7-206.

7-210. Issuance of Certification.

(a) If a candidate is successful in the certification or recertification examination, a certificate will be issued to the Hospital Inspector by the Office. Certificate will expire three years from the date of issuance with the following exception:

1. Certification may be revoked or suspended pursuant to Section 7-214.

(b) A duplicate certificate will be granted to a Hospital Inspector for replacement of an original certificate that is lost, destroyed or mutilated upon written request and payment of the duplication fee, as required in Section 7-206.

7-211. Renewal of a Hospital Inspector Certificate.

(a) A Hospital Inspector shall participate in a written recertification exam prior to the expiration of the certification in order to renew and maintain valid certification.

(b) To be eligible for the recertification exam, a Hospital Inspector shall meet the following minimum criteria:

1. Possess a valid unexpired Hospital Inspector Certificate (or Construction Inspector of Health Facilities Certificate) or an expired certificate which meets the delinquency criteria in subsection (c).

2. Complete a seminar conducted, sponsored, or cosponsored by the Office within the three-year certification period.

3. Submit a recertification exam fee pursuant to Section 7-206.

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(c) Expired certification may be renewed after the expiration date, but within six months past that date. The Hospital Inspector will be required to pay a delinquency fee, pursuant to Section 7-206, in order to recertify during the six-month delinquency period.

(d) The scope of the recertification exam will be a written test measuring the Hospital Inspector's knowledge of new and/or revised California Building Standards Codes, new construction materials and inspection procedures.

7-212. Approval of Hospital Inspector of Record for Construction Projects.

(a) It is incumbent upon the hospital governing board or authority and the architect or structural engineer, or both, in responsible charge of the work, or the engineer in responsible charge of the work, to select the appropriate inspector(s) for a project. The hospital governing board or authority shall submit to the Office an application for each Hospital Inspector of Record proposed to perform construction inspection on a specified hospital construction project. The hospital governing board or authority shall obtain Office approval of proposed Hospital Inspector(s) of Record prior to commencement of the hospital construction project in accordance with Section 7-135.

(b) The Office shall not approve a proposed Hospital Inspector of Record for a specified hospital construction project if the Office determines one of the following:

1. The Hospital Inspector of Record applicant does not hold a valid Hospital Inspector certificate pursuant to the provisions of these regulations.
2. The Hospital Inspector is not appropriately certified in the class of inspection required for the scope of the construction project. The Class "C" inspector does not possess a current certificate for the area of inspection proposed per Section 7-204(c)1.
3. The Hospital Inspector is a former Office employee pursuant to subsection (c) and is within the one year restriction period governing the Office's approval of an inspector.
4. The Hospital Inspector is committed to a workload outside the specified hospital construction project and is unable to allot adequate time to perform the work on the specified construction project, as determined by the process set forth in subsection (d).
5. The Hospital Inspector is the architect or engineer in responsible charge of the work for the construction project specified on the Hospital Inspector of Record application.

EXCEPTION: The Office may approve the architect or engineer in responsible charge of the work, when in the determination of the Office: (A) the project scope, duration and complexity do not merit a separate individual to serve as the Hospital Inspector of Record, and (B) the ability of the Office to obtain accurate and impartial inspection will not be jeopardized.

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(c) A former employee of the Office who performed field inspections/observations or supervised staff performing field inspections/observations during employment with the Office shall not be approved for a project by the Office as a Hospital Inspector of Record within one year from the effective date of separation from the Office.

(d) When the Office determines that the cumulative workload of a Hospital Inspector of Record applicant appears excessive and may hinder competent and adequate inspection of a specified hospital construction project, the Office may request that the Hospital Inspector of Record applicant submit a written plan including a work schedule and indicating a means to perform inspection on the specified hospital construction project.

The Office will consider specific work-related factors when reviewing the Hospital Inspector's work schedule to determine approval, pursuant to subsection (b) 4. The work-related factors are limited to the following:

1. The geographic location of current work sites,
2. The scope of current projects,
3. The current phase of each project, and
4. The number of current projects.

(e) When an inspector is approved by the Office, written notification will be sent to the hospital governing board or authority; the architect and/or engineer in responsible charge of the construction project; and the inspector of record applicant. The inspector must be in possession of this approval notice prior to commencement of construction.

(f) A Hospital Inspector of Record who has been approved by the Office must maintain valid certification throughout the term of the specified project in order to remain a Hospital Inspector of Record on the project. The Office shall rescind approval of a Hospital Inspector of Record on a project if the inspector does not comply with this provision.

7-213. Monitoring of the Hospital Inspector of Record's Performance.

When the Office determines that a Hospital Inspector of Record has violated a provision of these regulations or that the inspector is not competently or adequately providing inspection of a facility to ensure the hospital construction is in compliance with the plans and specifications, the Office will notify that inspector, the hospital governing board or authority, and the architect and/or engineer in responsible charge. The written notification will include the Office's findings, reference to the statute and/or regulation being violated, and statement of the Office's intent to issue a "stop work" order unless the violation ceases and is rectified immediately.

7-214. Suspension or Revocation of Certification.

A Hospital Inspector Certificate issued by the Office may be suspended or revoked by the Office if the certificate holder misrepresents any facts presented to the Office, pursuant to these regulations.

7-215. Appeals.

(a) The applicant, candidate or certificate holder may submit a written request for an appeal within 60 days of any determination by the Office pursuant to this article and accompanied by a detailed statement of reasons.

(b) The Deputy Director of the Office or designee shall review the issue and when requested appoint a peer board of appeals to hear the issue and recommend resolution. The Deputy Director will review the recommendation and render a final decision.

(c) The peer board of appeals shall consist of a minimum of three Hospital Inspectors, one Regional Compliance Officer, one Compliance Officer, one architect, one structural engineer, and one hospital representative.

(d) The applicant, candidate or certificate holder may appeal the decision to the Hospital Building Safety Board, pursuant to Section 7-159 of these regulations.

Authority: Health and Safety Code, Sections 1275, 127010, 127015, 129680 and 129825
Reference: Health and Safety Code, Sections 129680 and 129825

7-216. Verification of Citizenship or Qualified Alien Status.

(a) All eligibility requirements contained herein shall be applied without regard to the race, creed, color, gender, religion or national origin of the individual applying for the public benefit.

(b) Pursuant to Section 411 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 [Pub. L. No. 104-193 (PRWORA)], (8 U.S.C. § 1621), and notwithstanding any other provision of this division, aliens who are not qualified aliens, nonimmigrant aliens under the Immigration and Nationality Act (INA) [8 U.S.C. § 1182(d) (5)] for less than one year, are not eligible to receive certification as set forth in Article 19, "Certification and Approval of Hospital Inspectors".

(c) A qualified alien is an alien who, at the time he or she applies for the Hospital Inspector examination is, under Section 431(b) of the PRWORA [8 U.S.C. §§ 1641(b) and (c)], any of the following:

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1. An alien lawfully admitted for permanent residence under the INA (8 U.S.C. §§ 1101 et seq.).
2. An alien who is granted asylum under Section 208 of the INA (8 U.S.C. § 1158).
3. A refugee who is admitted to the United States under Section 207 of the INA (8 U.S.C. § 1157).
4. An alien who is paroled into the United States under Section 212(d)(5) of the INA [8 U.S.C. § 1182(d)(5)] for a period of at least one year.
5. An alien whose deportation is being withheld under Section 243(h) of the INA [8 U.S.C. § 1253(h)] (as in effect immediately before the effective date of Section 307 of Division C of Public Law 104-208) or Section 241(b)(3) of such act [8 U.S.C. § 1251(b)(3)] [as amended by Section 305(a) of Division C of Public Law 104-208].
6. An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980 [8 U.S.C. § 1153 (a)(7)] (see editorial note under 8 U.S.C. § 1101, "Effective Date of 1980 Amendment").
7. An alien who is a Cuban or Haitian entrant [as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 (8 U.S.C. § 1522 note)].

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8. An alien who meets all of the conditions of subparagraph A, B, C and D below:
- A. The alien has been battered or subjected to extreme cruelty in the United States by a spouse or a parent, or by a member of the spouse's or parent's family residing in the same household as the alien, and the spouse or parent of the alien consented to, or acquiesced in, such battery or cruelty. For purposes of this subsection, the term "battered or subjected to extreme cruelty" includes, but is not limited to being the victim of any act or threatened act of violence including any forceful detention, which results or threatens to result in physical or mental injury. Rape, molestation, incest (if the victim is a minor), or forced prostitution shall be considered as acts of violence.
 - B. There is a substantial connection between such battery or cruelty and the need for the benefits to be provided in the opinion of the Office of Statewide Health Planning and Development. For purposes of this subsection, the following circumstances demonstrate a substantial connection between the battery or cruelty and the need for the benefits to be provided:
 - (1) The benefits are needed to enable the alien to become self-sufficient following separation from the abuser.
 - (2) The benefits are needed to enable the alien to escape the abuser and/or the community in which the abuser lives, or to ensure the safety of the alien from the abuser.
 - (3) The benefits are needed due to a loss of financial support resulting from the alien's separation from the abuser.
 - (4) The benefits are needed because the battery or cruelty, separation from the abuser, or work absences or lower job performance resulting from the battery or extreme cruelty or from legal proceedings relating thereto (including resulting child support, child custody, and divorce actions) cause the alien to lose his or her job or to earn less or to require the alien to leave his or her job for safety reasons.
 - (5) The benefits are needed because the alien requires medical attention or mental health counseling, or has become disabled, as a result of the battery or extreme cruelty.
 - (6) The benefits are needed because the loss of a dwelling or source of income or fear of the abuser following separation from the abuser jeopardizes the alien's ability to care for his or her children (e.g., inability to house, feed, or clothe children or to put children into a day care for fear of being found by the abuser).

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- (7) The benefits are needed to alleviate nutritional risk or need resulting from the abuse or following separation from the abuser.
 - (8) The benefits are needed to provide medical care during a pregnancy resulting from the abuser's sexual assault or abuse of, or relationship with, the alien and/or to care for any resulting children.
 - (9) Where medical coverage and/or health care services are needed to replace medical coverage or health care services the alien had when living with the abuser.
- C. The alien has been approved or has a petition pending which sets forth a prima facie case for:
- (1) Status as a spouse or child of a United States citizen pursuant to clause (ii), (iii), or (iv) of Section 204(a)(1)(A) of the INA [8 U.S.C. Section 1154 (a)(1)(A)(ii), (iii) or (iv)],
 - (2) Classification pursuant to clause (ii) or (iii) of Section 204(a)(1)(B) of the INA [8 U.S.C. Section 1154(a)(1)(B)(ii) or (iii)],
 - (3) Cancellation of removal under 8 U.S.C. § 1229b as in effect prior to April 1, 1997,
 - (4) Status as a spouse or child of a United States citizen pursuant to clause (i) of Section 204(a)(1)(A) of the INA [8 U.S.C. §1154(a)(1)(A)(i)] or classification pursuant to clause (i) of Section 204 (a)(1)(B) of the INA [8 U.S.C. §1154(a)(1)(A)(i)] or classification pursuant to clause (i) of Section 204(a)(1)(B) of the INA [8 U.S.C. §1154(a)(1)(B)(i)], or
 - (5) Cancellation of removal pursuant to section 240A(b)(2) of the INA [8 U.S.C. §1229(b)(2)].
- D. For the period for which benefits are sought, the individual responsible for the battery or cruelty does not reside in the same household or family eligibility unit as the individual subjected to the battery or cruelty.
9. An alien who meets all of the conditions of subparagraphs A, B, C, D and E below:
- A. The alien has a child who has been battered or subjected to extreme cruelty in the United States by a spouse or a parent of the alien (without the active participation of the alien in the battery or cruelty), or by a member of the spouse's or parent's family residing in the same household as the alien, and the spouse or parent consented or acquiesced to such battery cruelty. For

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purposes of this subsection, the term "battered or subjected to extreme cruelty" includes, but is not limited to being the victim of any act or threatened act of violence including any forceful detention, which results or threatens to result in physical or mental injury. Rape, molestation, incest (if the victim is a minor), or forced prostitution shall be considered as acts of violence.

B. The alien did not actively participate in such battery or cruelty.

C. There is a substantial connection between such battery or cruelty and the need for the benefits to be provided in the opinion of the Office of Statewide Health Planning and Development. For purposes of this subsection, the following circumstances demonstrate a substantial connection between the battery or cruelty and the need for the benefits to be provided:

- (1) The benefits are needed to enable the alien's child to become self-sufficient following separation from the abuser.
- (2) The benefits are needed to enable the alien's child to escape the abuser and/or the community in which the abuser lives, or to ensure the safety of the alien's child from the abuser.
- (3) The benefits are needed due to a loss of financial support resulting from the alien's child's separation from the abuser.
- (4) The benefits are needed because the battery or cruelty, separation from the abuser, or work absences or lower job performance resulting from the battery or extreme cruelty or from legal proceedings relating thereto (including resulting child support, child custody and divorce actions) cause the alien's child to lose his or her job or earn less or to require the alien's child to leave his or her job for safety reasons.
- (5) The benefits are needed because the alien's child requires medical attention or mental health counseling, or has become disabled, as a result of the battery or extreme cruelty.
- (6) The benefits are needed because the loss of a dwelling or source of income or fear of the abuser following separation from the abuser jeopardizes the alien's child's ability to care for his or her children (e.g., inability to house, feed or clothe children or to put children into a day care for fear of being found by the abuser).
- (7) The benefits are needed to alleviate nutritional risk or need resulting from the abuse or following separation from the abuser.
- (8) The benefits are needed to provide medical care during a pregnancy

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resulting from the abuser's sexual assault or abuse of, or relationship with, the alien's child and/or to care for any resulting children.

- (9) Where medical coverage and/or health care services are needed to replace medical coverage or health care services the alien's child had when living with the abuser.

D. The alien meets the requirements of (c)8.C. above.

- E. For the period for which benefits are sought, the individual responsible for the battery or cruelty does not reside in the same household or family eligibility unit as the individual subjected to the battery or cruelty.

10. An alien child who meets all of the conditions of subparagraphs A, B or C below:

- A. The alien child resides in the same household as a parent who has been battered or subjected to extreme cruelty in the United States by that parent's spouse or by a member of the spouse's family residing in the same household as the parent and the spouse consented or acquiesced to such batter or cruelty. For purposes of this subsection, the term "battered or subjected to extreme cruelty" includes, but is not limited to being the victim of any act or threatened act of violence including any forceful detention, which results or threatens to result in physical or mental injury. Rape, molestation, incest (if the victim is a minor), or forced prostitution shall be considered acts of violence.
- B. There is a substantial connection between such battery or cruelty and the need for the benefits to be provided in the opinion of the Office of Statewide Health Planning and Development. For purposes of this subsection, the following circumstances demonstrate a substantial connection between the battery or cruelty and the need for the benefits to be provided:
- (1) The benefits are needed to enable the alien child's parent to become self-sufficient following separation from the abuser.
- (2) The benefits are needed to enable the alien child's parent to escape the abuser and/or the community in which the abuser lives, or to ensure the safety of the alien child's parent from the abuser.
- (3) The benefits are needed due to a loss of financial support resulting from the alien child's parent's separation from the abuser.
- (4) The benefits are needed because the battery or cruelty, separation from the abuser, or work absences or lower job performance resulting from the battery or extreme cruelty or from legal proceedings relating thereto

(including resulting child support, child custody and divorce actions) cause the alien child's parent to lose his or her job or to earn less or to require the alien child's parent to leave his or her job for safety reasons.

- (5) The benefits are needed because the alien child's parent requires medical attention or mental health counseling, or has become disabled, as a result of the battery or extreme cruelty.
- (6) The benefits are needed because the loss of a dwelling or source of income or fear of the abuser following separation from the abuser jeopardizes the alien child's parent's ability to care for his or her children (e.g., inability to house, feed or clothe children or to put children into a day care for fear of being found by the abuser).
- (7) The benefits are needed to alleviate nutritional risk or need resulting from the abuse or following separation from the abuser.
- (8) The benefits are needed to provide medical care during pregnancy resulting from the abuser's sexual assault or abuse of, or relationship with, the alien child's parent and/or to care for any resulting children.
- (9) Where medical coverage and/or health care services are needed to replace medical coverage or health care services the alien child's parent had when living with the abuser.

C. The alien meets the requirements of 3H(3) above.

(d) For purposes of this section, "nonimmigrant" is defined the same as in Section 101(a)(15) of the INA [8 U.S.C. § 1101(a)(15)].

(e) For purposes of establishing eligibility for "Certification and Approval of Hospital Inspectors" examination, as authorized by Sections 1275, 127010, 127015, 129689 and 129825 of the Health and Safety Code, all of the following must be met:

- 1. The applicant must declare himself or herself to be a citizen of the United States, a qualified alien under subsection (c), a nonimmigrant alien under subsection (d), or an alien paroled into the United States for less than one year under Section 212 (d)(5) of the INA [8 U.S.C. § 1182(d) (5)]. The applicant shall declare that status through use of a form provided by the Office of Statewide Health Planning and Development.
- 2. The applicant must present documents of a type acceptable to the Immigration and Naturalization Service (INS) which serve as reasonable evidence of the applicant's declared status. A fee receipt from the INS for replacement of a lost, stolen, or unreadable INS document is reasonable evidence of alien's declared

status.

3. The applicant must complete and sign the form provided by the Office of Statewide Health Planning and Development.
4. Where the documents presented do not on their face appear to be genuine or to relate to the individual presenting them, the government entity that originally issued the documents should be contacted for verification. With regard to naturalized citizens and derivative citizens presenting certificates of citizenship and aliens, the INS is the appropriate government entity to contact for verification. The Office of Statewide Health Planning and Development should request verification from the INS by filing INS Form G-845 with copies of the pertinent documents provided by the applicant with the local INS office. If the applicant has lost his or her original documents or presents expired documents or is unable to present any documentation evidencing his or her immigration status, the applicant should be referred to the local INS office to obtain the proper documentation.
5. The type of documentation referred to the INS for verification pursuant to INS Form G-845 shall include the following:
 - A. The document presented indicates immigration status but does not include an alien registration or alien admission number.
 - B. The document is suspected to be counterfeit or to have been altered.
 - C. The document includes an alien registration number in the A6 000 000 (not yet issued) or A80 000 000 (illegal border crossing) series.
 - D. The document is one of the following: an INS Form I-181b notification letter issued in connection with an INS Form I-181b Memorandum of Creation of Record of Permanent Residence, an Arrival-Departure Record (INS Form I-94) or a foreign passport stamped "PROCESSED FOR I-551, TEMPORARY EVIDENCE OF LAWFUL PERMANENT RESIDENCE" that INS issued more than one year before the date of application for the Hospital Inspector Certification exam.
6. If the INS advises that the applicant has citizenship status or immigration status which makes him or her a qualified alien under the PRWORA, the INS verification should be accepted. If the INS advises that it cannot verify that the applicant has citizenship status or an immigration status that makes him or her a qualified alien, benefits should be denied and the applicant notified pursuant to the Hospital Inspector Certification Examination regular procedures of his or her rights to appeal the denial of benefits.

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(f) Pursuant to Section 434 of the PRWORA (8 U.S.C. § 1644), where the Office of Statewide Health Planning and Development reasonably believes that an alien is unlawfully in the state based on the failure of the alien to provide reasonable evidence of the alien's declared status, after an opportunity to do so, said alien shall be reported to the Immigration and Naturalization Service.

(g) Provided that the alien has completed and signed the form provided by the Office of Statewide Health Planning and Development under penalty of perjury, eligibility for the Hospital Inspector Certification Examination shall not be delayed, denied, reduced or terminated while the status of the alien is verified.

(h) Pursuant to Section 432(d) of the PRWORA [8 U.S.C. §1642 (d)], a nonprofit charitable organization that provides federal, state or local public benefits shall not be required to determine, verify or otherwise require proof of eligibility of any applicant or beneficiary with respect to his or her immigration status or alienage.

(i) Any applicant who is determined to be ineligible pursuant to subsections (b) and (e) or who was made eligible for the Hospital Inspector Certification Examination, whose services are terminated, suspended or reduced pursuant to subsections (b) and (e), is entitled to an appeal, pursuant to Section 7-215 of Article 19, Chapter 7, Part 1.

Article 20. Repair of Earthquake Damage

7-300. Plan Review and Approval.

(a) All repair projects are subject to prior plan review, plan approval and construction permit by the Office except as noted in subsection (b).

(b) For emergency repairs carried out without the Office plan review and permit in the aftermath of an earthquake, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.

(c) Plan reviews for earthquake damage repairs will be performed on a priority basis. The application for plan review should clearly state that the scope of the project is to repair the damage from the earthquake. Where possible, reviews will be made over the counter.

(d) Plan review fees shall be payable for all damage repair projects as per the following:

1. 1.64 percent of estimated construction costs for hospitals.

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2. 1.50 percent of estimated construction cost for skilled nursing facilities (SNF).
 3. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.
 4. An examination fee where review of existing plans is required. The fee will be calculated on a time and material basis at the prevailing hourly rates applicable for the review personnel.
- (e) Office recommends predesign conference with architects/engineers to resolve code issues relevant to the repair projects.

7-301. Appeals.

The Hospital Building Safety Board shall act as a board of appeals with regard to disagreements between the Office and hospital/SNF authorities on interpreting the repair policy or the establishment of the degree of damage. (Section 7-159 of Administrative Regulations for the Office)

7-302. Pre-1973 Structures.

These hospital buildings were approved for construction by local building departments prior to March 7, 1973.

- (a) All structural repairs shall be made to conform to vertical load requirements of the California Building Code (CBC).
- (b) Where lateral load resisting capacity of the building at any level is reduced by 5 percent or less due to earthquake damage, the repairs may be made with the same construction as before, subject to structural detailing requirements of the CBC.
- (c) Where lateral load resisting capacity of the building at any level is reduced by more than 5 percent but not more than 10 percent due to earthquake damage, the repairs shall be made in accordance with Section 1635B.3.2.2 of the CBC. The repaired/reconstructed structural elements shall meet structural requirements using an importance factor of $I = 1.0$. The building after repairs shall be in reasonable compliance with the CBC using an importance factor, I , equal to 0.75.
- (d) Where lateral load resisting capacity of the building at any level is reduced by more than 10 percent due to earthquake damage, the repairs shall be made such that the primary structural system and the seismic bracing of other components and systems shall conform to the requirements of Section 1635B.3.2.3 of the CBC.

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(e) Where earthquake repairs consist of alterations which involve removal of one or more entire stories, permission for repairs will be granted if lateral load resisting capacity of the remaining structure is not reduced. (Section 1635B.3.3, CBC)

(f) Repair/reconstruction of structures should comply with the design and detailing requirements of engineering materials stated in Chapters 19, 20, 21 and 23 and applicable fire-resistive requirements of the CBC.

(g) Epoxy injection repairs require submittal of backup information per Chapter 16B, Section 1603B.7.

(h) Repair of damage to seismic anchorage of equipment and nonstructural items shall comply with Section 1644B.13.1 of the CBC.

7-303. Post-1973 Structures.

These hospital structures were approved for construction by the Office of the State Architect or Office after March 7, 1973. They are also referred to in the regulations as approved existing buildings.

(a) Repairs to the damage shall be made to restore the load carrying capacities of the affected elements per Section 1635B.3.1 of the CBC.

(b) Repair of damage to seismic anchorage of equipment and nonstructural items shall comply with Section 1630B of the CBC.

7-304. Type V Single Story SNF.

(a) All structural repairs shall be made to conform to vertical load requirements of the CBC.

(b) Repair of damage of seismic anchorage of equipment shall comply with the CBC.

7-305. All Hospital Buildings.

(a) Where architectural, mechanical, electrical, fire and life safety systems and components damaged by the earthquake are to be replaced, new systems and components shall comply with the current applicable Title 24 codes where practicable in consultation with the Office.

(b) Where the repairs to earthquake damage are required in accordance with Sections 7-302 or 7-303, hospital facilities may reopen, after temporary repairs, for a limited period of time subject to the following:

1. Temporary repairs: The hazard resulting from damage to the facility is abated and the facility is at least restored to its pre-earthquake condition or its equivalent.

2. Permanent repairs/retrofit: The hospital successfully negotiates with the Office a time bound plan for the permanent repairs/retrofit of the damaged facilities required by these regulations.

Article 21. Plan Review, Building Inspection and Certification of Surgical Clinics, Chronic Dialysis Clinics and Outpatient Services Clinics

7-2100. Scope of Responsibilities.

(a) Except as otherwise provided in these regulations, a city or county building jurisdiction shall be responsible for plan review and building inspection of new construction or alteration of clinic facilities specified in 7-2100 (a) (1), (2) (3) and 4 and shall also provide certification that the clinic facilities identified in 7-2100(a) (1), (2) and (3) are in conformance with the applicable clinic provisions in the latest edition of the California Building Standards Code. For clinic facilities identified in 7-2100 (a) (1), (2) or (3), construction or alteration shall include buildings converted to the specific purpose.

1. Surgical clinic as defined in Health and Safety Code, Section 1204(b)(1).

2. Chronic dialysis clinic as defined in Health and Safety, Code Section 1204(b)(2).

3. Surgical and/or chronic dialysis clinic building which is freestanding from a building where hospital services are provided and as defined in Health and Safety Code, Section 129725(b)(1).

4. Any building where hospital outpatient clinical services are provided that is freestanding from a hospital building, as defined in Health and Safety Code, Section 129725(a), except those buildings identified in 7-2100(a) (3).

(b) The city or county shall not establish or apply building standards for the construction or alteration of hospital licensed freestanding clinics, as described in Section 7-2100(a)(3) and (4), which are more restrictive or comprehensive than comparable building standards established or applied to clinic facilities which are not hospital licensed pursuant to Health and Safety Code, Chapter 1 (commencing with Section 1200) of Division 2.

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7-2101. Surgical Clinic and Chronic Dialysis Clinic Project Submittal to the Local Building Jurisdiction.

(a) The governing authority or owner of a clinic, as described in Section 7-2100(a)(1) and (2), shall submit construction plans to the city or county, as applicable, for plan review, building inspection and certification. Certification by the local building jurisdiction shall indicate that the project clinic is in conformance with the applicable clinic provisions in the latest edition of the California Building Standards Code.

EXCEPTION: Notwithstanding Section 7-2100(a)(1) and (2), the governing authority or owner may request the Office to perform the plan review and certification, pursuant to Section 7-2102.

(b) Upon the clinic's initial submittal of project plans, the city or county shall advise the governing authority or owner, in writing, of its decision that plan review services will either include certification or not include certification.

(c) If the city or county indicates to the governing authority or owner that it will include certification with plan review of the specified clinic project, the city or county shall:

1. Review plans to all applicable provisions in the latest edition of the California Building Standards Code and;

2. Provide written certification to the applicant within 30 days of completion of construction that the applicable clinic provisions have been met.

(d) If the city or county indicates to the applicant that it will not include certification with plan review of the specified clinic project, the city or county shall review the plans to the provisions of the latest edition of the California Building Standards Code, excluding the clinic provisions. The governing authority or owner shall also submit the following items to the Office:

1. A completed application, design plans and specifications for the clinic project, pursuant to Section 7-113, and;

2. A fee, pursuant to Section 7-2106.

(e) The Office shall review the plans and specifications to determine whether or not the clinic project meets the applicable clinic provisions in the latest edition of the California Building Standards Code.

(f) Upon completion of plan review and receipt of all applicable fees, the Office shall provide the clinic applicant with written certification that the project design plans and specifications meet the clinic provisions in the latest edition of the California Building Standards Code.

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(g) Building construction inspection for the clinic project shall be performed by the local jurisdiction.

7-2102. Request for the Office to Provide Plan Review for Surgical Clinics and Chronic Dialysis Clinics.

(a) If the governing authority or owner of a clinic, as described in Section 7- 2100(a) (1) or (2), elects to request the Office to provide plan review services for a clinic project, in lieu of the city or county, the request shall be submitted to the Office in writing. The Office will consult with the applicable local building jurisdiction prior to acceptance or nonacceptance of the plan review request and subsequently notify the clinic, in writing, of its decision.

(b) If the Office agrees to provide plan review and certification services for the governing authority or owner, the applicant shall submit the following items to the Office:

1. A completed application, design plans and specifications for the clinic project, pursuant Section 7-113, and;

2. A fee, pursuant to Section 7-2106.

(c) The Office shall review the plans to all applicable provisions in the latest edition of the California Building Standards Code.

(d) Upon completion of plan review and receipt of all applicable fees, the Office shall provide the applicant with written certification that the project design plans and specifications meet the applicable clinic provisions in the latest edition of the California Building Standards Code.

(e) Building construction inspection for the project clinic shall be performed by the local building jurisdiction. Therefore, the governing authority or owner shall submit to the city or county applicable project documents required for these building inspection services.

7-2103. Hospital Outpatient Services Clinic Project Submittal to Local Building Jurisdiction.

(a) The hospital governing authority or owner of a freestanding outpatient services clinic, as described in Section 7-2100(a) (3) or (4), shall submit construction plans to the city or county, as applicable, for plan review and building inspection, pursuant to this section or may request the Office to perform plan review and building inspection, pursuant to Section 7-2104. Certification by the local building jurisdiction that the project clinic is in conformance with the applicable clinic provisions in the latest edition of the California Building Standards Code is also required for clinics described in 7-2100(a)(3).

(b) If the hospital governing authority or owner of a clinic as described in

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Section 7-2100(a)(3), initially submits clinic plans to the city or county for plan review, the city or county shall respond to the clinic owner, in writing, stating its decision of whether or not the plan review will include certification.

(c) If the city or county indicates to the hospital governing authority or owner that it will include certification with plan review of the specified clinic project, the city or county shall:

1. Review plans to all applicable provisions in the latest edition of the California Building Standards Code and;

2. Provide written certification to the applicant within 30 days of completion of construction that the applicable clinic provisions have been met.

(d) If the city or county indicates to the hospital governing authority or owner that it will not include certification with plan review of the specified clinic project, the city or county shall review the plans to the provisions of the latest edition of the California Building Standards Code, excluding the clinic provisions. The applicant shall also submit the following items to the Office:

1. A completed application, design plans and specifications for the clinic project, pursuant to Section 7-113, and;

2. A fee, pursuant to Section 7-2106.

(e) The Office shall review the plans and specifications for certification to determine whether or not the clinic project meets the applicable clinic provisions in the latest edition of the California Building Standards Code.

(f) Upon completion of plan review and receipt of all applicable fees, the Office shall provide the clinic applicant with certification that the project design plans and specifications meet the applicable clinic provisions in the latest edition of the California Building Standards Code.

(g) Building construction inspection for the project clinic shall be performed by the local building jurisdiction.

7-2104. Plan Review and Building Inspection by the Office for Hospital Outpatient Services Clinics.

(a) ~~If~~The hospital governing authority ~~or owner of a clinic~~, as described in Section 7-2100(a)(3) or (4), may requests that the Office perform plan review and building inspection for a clinic project, in lieu of the city or county performing these services. ~~This~~ the request shall be submitted to the Office in writing. ~~The Office will provide a written response to the hospital indicating the decision to provide or not provide the requested services. If the Office does not agree to provide plan review and building inspection, as requested, the city or county shall conduct these services.~~

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~~Upon~~The Office's acceptance to provide plan review and building inspection for a clinic project, shall perform the requested plan review and building inspection services when the hospital governing authority ~~or owner shall submit~~s the following items to the Office:

1. A completed application, design plans and specifications for the clinic project, pursuant to Section 7-113; and

2. A fee, pursuant to Section 7-2106.

(c) For clinic facilities described in Section 7-2100(a)(3), upon completion of the building construction and receipt of all applicable fees, the Office will provide certification that the plans and construction comply with the applicable provisions in the California Building Standards Code.

(d) A clinic building which has been accepted by the Office, pursuant to paragraph (a) of this section, shall remain under the jurisdiction of the Office for plan review and building inspection of any subsequent alterations, unless the hospital governing authority or owner submits written notification to the Office, requesting the applicable city or county building jurisdiction to conduct plan review and building inspection for subsequent construction projects of the specified clinic.

7-2105. "Hospital Building" Designation of a Freestanding Hospital-owned Clinic.

(a) A building which is under the Office's jurisdiction, pursuant to Section 7-2104(d) may be designated as a "hospital building" by the hospital governing authority or owner under the following conditions:

1. The hospital governing authority or owner submits written notification to the Office indicating the determination to designate the building as a "hospital building" and;

2. The subject building remains under the jurisdiction of the Office for plan review and building inspection.

(b) A building designated as a "hospital building", pursuant to Section 7-2105(a), shall be reviewed and inspected to verify compliance with the standards and requirements for a hospital building, as defined in Health and Safety Code, Part 7, Chapter 1, (commencing with Section 129675).

7-2106. Fees for Review of Specified Clinics.

(a) Fees for plan review services of clinic buildings described in Section 7-2100(a)(1), (2) and (3), shall be in an amount not to exceed the actual cost of performing the services.

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EXCEPTION: When the Office accepts a request from the hospital governing authority or owner to perform plan review and building inspection services for those buildings described in Section 7-2100(a)(3), the fee requirements of Section 7-133 (a)(1) which apply to hospital buildings shall also apply to the project building.

(b) When the Office accepts a request from the hospital governing authority or owner to perform plan review and building inspection services for those buildings described in Section 7-2100(a)(4), the fee requirements of Section 7-133 (a)(1) which apply to hospital buildings shall also apply to the project building.

(c) Fees shall be paid as follows:

1. A non-refundable filing fee of \$250.00 shall accompany the application for plan review. This filing fee will be applied toward the total fees due for the project.

2. After a preliminary review of the required documents received and determination of the services to be performed, the Office will provide an estimate of the total review fee due based on costs to be incurred.

3. The applicant shall submit payment of the estimated fee prior to start of the plan review and building inspection services.

4. If during the review/inspection process it appears that actual costs will exceed the estimate by more than five percent (5%), the applicant will be informed that additional fees, not to exceed the actual cost will be due and payable immediately upon project completion.

5. All applicable fees for a completed project shall be paid prior to certification by the Office.

7-2107. Fee Refund.

(a) Upon written request from the applicant, a fee refund may be issued pursuant to this section.

1. The written request must be submitted to the office within:

- a. One year of the date of written certification of compliance with the applicable clinic provisions.
- b. One year of the date the project is withdrawn by the applicant.
- c. The time limits specified in Section 7-134 for building(s) as described in Section 7-2104.

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2. No refund shall be issued before written certification is provided, or the project is withdrawn or closed.
3. Refunds shall be exclusive of the \$250 filing fee.
4. Refunds shall be calculated pursuant to Section 7-2107(b), (c) or (d).

(b) Fees paid for a project, involving a building(s) as described in Section 7-2100 (a) (1), (2), or (3), which exceed the actual cost for performing plan review and inspection services by more than five percent (5%), shall be refunded by the Office.

EXCEPTION: Refunds for building(s) described in Section 7-2104 shall be calculated pursuant to the applicable requirements of Section 7-134.

(c) If an applicant withdraws a project that has been submitted to the Office for plan review of a building(s), as described in Section 7-2100 (a) (1), (2) or (3), the unexpended balance of fees paid to the Office for actual cost of plan review services provided shall be refunded to the applicant.

EXCEPTION: Refunds for building(s) described in Section 7-2104 shall be calculated pursuant to the applicable requirements of Section 7-134.

(d) If an applicant requests a refund of fees for a project that has been submitted to the Office for plan review and building inspection, as described in Section 7-2100(a) (4), a fee may be refunded to the applicant pursuant to the applicable requirements of Section 7-134.